

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP 22 AM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *94000010797*

1. Corporation Name

Douglass Real Estate Connection Inc.

400136223174
09/22/08--01060--004 **308.75

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

801 West Bay Drive

Suite, Apt. #, etc.

Suite 412

City & State

Largo, Florida

Zip

33770

Country

Pinellas

3. Mailing Office Address

801 West Bay Drive

Suite, Apt. #, etc.

Suite 412

City & State

Largo, Florida

Zip

33770

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1994

5. FEI Number
593225973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Douglass Paul

Street Address (P.O. Box Number is Not Acceptable)

325 Bayview Drive

Suite, Apt. #, Etc.

City

Belleair

State

FL

Zip Code

33756

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Paul Douglass
REGISTERED AGENT MUST SIGN

Date

9-18-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Douglass Paul	325 Bayview Drive	Belleair, Florida 33756

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Paul Douglass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-18-08

Daytime Phone #

*727
586 0808*

B. Mitchell SEP 22 2008