

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT

1996

DOCUMENT # P94000058161

1. Corporation Name

RESIDENTIAL REAL ESTATE SERVICES, INC.

Principal Place of Business

Mailing Address

4712 S.E. 15TH AVE.

2ND FLOOR

CAPE CORAL FL 33904

4712 S.E. 15TH AVE

2ND FLOOR

CAPE CORAL FL 33904

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3927 S.E. 11th PLACE

Suite, Apt. #, etc.

Unit A108

City & State

Cape Coral, FL

Zip

33904

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 220

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33910-0220

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/05/1994

5. FEI Number

65-0511458

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	LO RUSSOM, ANN S	4712 S.E. 15TH AVE	CAPE CORAL FL 33904
VOTD P/S	APPELBAUM, JOSEPH L	4712 S.E. 15TH AVE / 3927 SE 11th Place	CAPE CORAL FL 33904
V	Elizabeth M. Blank	3927 SE 11th Place / U-A-108	Cape Coral, FL 33904
			300001999099--4 -11/07/96--01050--028 ***200.00 ***200.00
			300001999099--4 -11/07/96--01050--029 ***175.00 ***175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERTO, ESTELLE A

4712 S.E. 15TH AVE

2ND FLOOR

CAPE CORAL FL 33904

Name

Joseph L. Appelbaum

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

3927 SE 11th PLACE

Suite, Apt. #, Etc.

Unit A-108

City

Cape Coral

State

FL

Zip Code

33904

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 9/24/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(f), 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:

Joseph L. Appelbaum

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/96

Date

941-540-9398

Daytime Phone #

CR25240 (7/95)