

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -7 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000050247

1. Corporation Name

AMERICAN DYNASTY REALTY, INC.

000032094000

04/07/04--01034--009 \*\*1508.75

2. Principal Office Address

7145 E. Colonial Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32807

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 6/26/1995

5. FEI Number

59-3364093

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 99-04

**7. Name and Address of Current Registered Agent**

Name

FREDERICK W. JONES, ESQUIRE

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

369 N. NEW YORK AVENUE

Suite, Apt. #, Etc.

3rd FLOOR

City

WINTER PARK

State

FL

Zip Code

32789

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

*Frederick W. Jones*

Date

4/06/04

REGISTERED AGENT MUST SIGN

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/D	George Wilson	836 Arden Leigh Dr.	Orlando, FL 32828

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 under section 119.07(3)(i), 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: George Wilson, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-06-04 (407) 677-1177

Daytime Phone #

CR2E081 (01/04)