

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC -2 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000057882**

1. Corporation Name
FLORISOL REALTY, INC.

Principal Place of Business Mailing Address
13421 HERON COVE DR ORLANDO FL 32837



REINSTATEMENT *Re*

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

2. New Principal Office Address, If Applicable 439 A. West Vine St. Suite, Apt. #, etc. Kissimmee, Florida. City & State Florida. Zip 34741		3. New Mailing Office Address, If Applicable 439 A. West Vine Street Suite, Apt. #, etc. Kissimmee, Florida City & State Kissimmee, Florida Zip 34741		4. Date Incorporated or Qualified To Do Business in Florida 07/28/1995	
				5. FEI Number 59-333168	
				Applied For: <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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
D	ARIAS, GUSTAVO M	13421 HERON COVE DR	ORLANDO FL 32837
D	FRANGIONI, RUBEN	608C SKY LAKE CR	ORLANDO FL 32809
			900002020199--3 -12/04/96--01120--010 ****375.00 ****375.00
			<i>11/22-2-96</i>

8. Name and Address of Current Registered Agent WOLFE LARST 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643		9. Name and Address of New Registered Agent Name RUBEN FRANGIONI Street Address (P.O. Box Number is Not Acceptable) 439-A W. VINE ST Suite, Apt. #, Etc. City KISSIMMEE State FL Zip Code 34741	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
Signature of Registered Agent **REGISTERED AGENT MUST SIGN** Date **11/22/96**

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 110.07(3)(b), 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: **REGISTERED AGENT MUST SIGN** Date **11/22/96**

CRS-240 (7/95)