

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

13421 HERON COVE DR
ORLANDO FL 32837

Mailing Address

13421 HERON COVE DR
ORLANDO FL 32837

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.

City & State

Florida.

Zip

34741

Country

U.S.A.

3. New Mailing Office Address, If Applicable

439 A. West Vine Street

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34741

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1995

5. FEI Number

59-333/668

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
D	ARIAS, GUSTAVO M	13421 HERON COVE DR	ORLANDO FL 32837
D	FRANGIONI, RUBEN	808C SKY LAKE CR	ORLANDO FL 32809

9000002020199--3
-12/04/96--01120--010
****375.00 ****375.00

11/22-2-96

8. Name and Address of Current Registered Agent

WOLFE, LARRY
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**

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

SIGNATURE REQUIRED

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 119.07(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/96
Date Daytime Phone #

CR-250 (7/95)