

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059770

1. Corporation Name

Ocala Property Management, Inc.

2. Principal Office Address - No P.O. Box #
6743 Magnolia Court

Suite, Apt. #, etc.

City & State
South Miami, FL

Zip Country
33143 USA

3. Mailing Office Address
6743 Magnolia Court

Suite, Apt. #, etc.

City & State
South Miami, FL

Zip Country
33143 USA

7. Name and Address of Current Registered Agent

Name
Victoria Benitto

Street Address (P.O. Box Number is Not Acceptable)
6743 Magnolia Court

Suite, Apt. #, Etc.

City
South Miami, FL

State Zip Code
FL 33143

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

Victoria Benitto

REGISTERED AGENT MUST SIGN

Date **3/8/07**

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
Pres	Marie L. Varveris	481 E. Bay Drive	Long Beach NY 11561
VP	Alexander Varveris	481 E. Bay Drive	Long Beach NY 11561

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:

Alexander Varveris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alexander Varveris

3/8/07
Date

305-803-2801
Daytime Phone #

FILED

07 MAR 23 AM 11:05

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **7/31/95**

5. FEI Number
593449736

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.