

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 10 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P950000 59770**

1. Corporation Name **Ocala Property Management, Inc.**

700020752197

06/10/03--01026--002 **1050.00

2. Principal Office Address

6743 Magnolia Court

Suite, Apt. #, etc.

City & State

South Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

6743 Magnolia Court

Suite, Apt. #, etc.

City & State

South Miami, FL

Zip

33143

Country

USA

REINSTATEMENT 01-03

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**

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

State

FL

Zip Code

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

5/17/03

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	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 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:

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

5/17/03
Date

786-299-1590
Daytime Phone #

CR2E081 (10/02)