

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 3:22

DOCUMENT # **P95000093456**

1. Corporation Name

SELECT REALTY, INC.

Principal Place of Business

Mailing Address

245 N. 13TH AVENUE
JACKSONVILLE FL 32250

245 N. 13TH AVENUE
JACKSONVILLE FL 32250

Beach

JACKSONVILLE BEACH, FL 32250

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3349553

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SULLIVAN, JOHN G	242 CRANES LAKE DRIVE	PONTE VEDRA BEACH FL 32082
D	LONGINO, ARTHUR LEE	8103 ALDERMAN ROAD	JACKSONVILLE FL 32211
D	ROBERTS, SARA	2175 ASPEN RIDGE DRIVE	ATLANTIC BEACH FL 32233
			700003436477--1 -10/24/00--01041--013 ****158.75 ****158.75
			<i>10/18</i>

8. Name and Address of Current Registered Agent

SULLIVAN, JOHN G
245 N. 13TH AVENUE
JACKSONVILLE FL 32250

9. Name and Address of New Registered Agent

Name

ARTHUR LEE LONGINO

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

245 N. 13TH AVENUE

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Arthur Lee Longino
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *October 12, 2000*

11. 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:

Arthur Lee Longino
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-00 904-246-0565

Daytime Phone #