

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097746**

1. Corporation Name

SAN MARCO REALTY, INC.

2. Principal Office Address - No P.O. Box #

628 TANASI LANE

Suite, Apt. #, etc.

City & State

LOUDON, TN

Zip

37774

Country

USA

3. Mailing Office Address

628 TANASI LANE

Suite, Apt. #, etc.

City & State

LOUDON, TN

Zip

37774

Country

USA

7. Name and Address of Current Registered Agent

Name

RONALD S WEBSTER

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

985 NORTH COLLIER BLVD

Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/5/10

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	ROBERT D MATHEWS	628 TANASI LANE	LOUDON, TN 37774
VST	JEAN K MATHEWS	628 TANASI LANE	LOUDON, TN 37774

**M. MILLIGAN
EXAMINER**

MAY 27 2010

10. E-mail Address: **djm628@bellsouth.net**

(To be used for future annual report notification)

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. I further certify, 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:

Jean K. Mathews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-10 865-458-0754

Daytime Phone #

FILED

10 MAY 27 PM 2:49

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

600180671776
05/17/10--01005--020 **750.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

35-1164685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.