

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011268

1. Corporation Name

KOGER REALTY, INC.

Principal Place of Business

76 SOUTH LAURA STREET
SUITE 700
JACKSONVILLE FL 32202

Mailing Address

76 SOUTH LAURA STREET
SUITE 700
JACKSONVILLE FL 32202

FILED

98 DEC 17 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

2. New Principal Office Address, If Applicable 1000 Riverside Ave Suite, Apt. #, etc. Suite 555 City & State Jacksonville, FL Zip 32204 Country USA		3. New Mailing Office Address, If Applicable 1000 Riverside Ave Suite, Apt. #, etc. Suite 555 City & State Jacksonville, FL Zip 32204 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 02/05/1996	
5. FEI Number APPLIED FOR				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

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	KOGER, IRA M	133 BEACH AVENUE	ATLANTIC BEACH FL 32233
T	PADGETT, DONALD	133 BEACH AVENUE	ATLANTIC BEACH FL 32233

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-12/23/98--01062--006
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOLING, JOHN L 76 SOUTH LAURA STREET SUITE 700 JACKSONVILLE FL 32202	Name		
	Street Address (P.O. Box Number is Not Acceptable) 1000 Riverside Avenue		
	Suite, Apt. #, Etc. Suite 555		
	City Jacksonville	State FL	Zip Code 32204

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 	REQUIRED REGISTERED AGENT MUST SIGN	Date November 23, 1998
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11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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:	REQUIRED	Date 12/1/98	Daytime Phone # 904-642-7305
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CR2E040 (9/98)