

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PA0000020522**

1. Corporation Name

**REAL COUSINS OF FLORIDA, INC.**

Principal Place of Business

**CHURCHILLS ATTIC  
20 AVENIDA MENENDEZ  
ST. AUGUSTINE, FL. 32084**

Mailing Address

\*NOTE YOUR OFFICE  
currently has a wrong  
address for us. It has  
21 AVENIDA MENENDEZ,  
which is wrong!

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**3/7/1996**

5. FEI Number

**593416498**

Applied For

Not Applicable

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)

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
<b>P</b>	<b>ROBERT NOFAL</b>	<b>12 SHAWNEE TRAIL <del>ORMOND BEACH, FL</del></b>	<b>ORMOND BEACH, FL 32174</b>

8. Name and Address of Current Registered Agent

**ROBERT NOFAL  
12 SHAWNEE TRAIL  
ORMOND BEACH, FL  
32174**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

**REGISTERED AGENT MUST SIGN**

Date

**2/15/99**

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/15/99**

**(904)810-1919**

Daytime Phone #

2/15/99

20f2

To Whom it may concern,

AFTER SPEAKING WITH AN OFFICIAL AT YOUR OFFICE, THEY DETERMINED THAT THE LETTERS OF REINSTATEMENT WHICH WERE SENT BY YOUR DEPARTMENT TO OUR COMPANY IN 1997 & 1998 WERE SENT TO THE WRONG ADDRESS. THE RETURNED LETTERS ARE IN YOUR OFFICE IN OUR FILE. I WAS TOLD THAT THE REINSTATEMENT FEES WOULD BE WAIVED, AND FOR US TO ONLY SEND IN THE 1997 & 1998 FEES FOR CONTINUING OUR CORPORATION ALONG WITH THIS LETTER OF EXPLANATION. ~~THE~~ ANY QUESTIONS, PLEASE CALL AT (619) 481-0940. ~~see~~.

Thanks  
CJ

P.S.

THE ONLY ~~PERSON~~ OFFICER OF THIS CORPORATION IS ROBERT NORAL.

Thanks.