

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 20 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000026266

1. Corporation Name

REALTECH OF FLORIDA, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

3521 COLEMAN COURT
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3521 COLEMAN COURT
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/96

5. FEI Number

65-0668739

Applied For

Not Applicable

City & State

LAFAYETTE INDIANA

City & State

LAFAYETTE INDIANA

Zip

47902

Country

USA

Zip

47902

Country

USA

CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	KENNETH E SPONAGLE	17718 NATHANS DRIVE	TAMPA, FLORIDA 33641
Chairman	MARLOW MILLER	3730 ABATE COURT	SANIBEL, FLORIDA 33957

300003117723--8

-02/01/00--01038--008

***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

KENNETH E SPONAGLE

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

17718 NATHANS DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647

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

Kenneth E Sponagle

REGISTERED AGENT MUST SIGN

Date

1/14/00

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:

Kenneth E Sponagle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH E. SPONAGLE

Date

1/14/00

Daytime Phone #

KE

813-334-3331