

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 25 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048629

1. Corporation Name

FLORIDA SHOWCASE PROPERTIES, INC.

2. Principal Office Address

2476 N. Essex Avenue

Suite, Apt. #, etc.

City & State

Hernando, FL

Zip

34442

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/07/96

5. FEI Number

59-3381624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-09

7. Name and Address of Current Registered Agent

Name

Eric D. Abel

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

2476 North Essex Avenue

Suite, Apt. #, Etc.

City

Hernando

State
FL

Zip Code

34442

700040224177
08/18/04 01073 024 **1058.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 8/05/04

REGISTERED AGENT MUST SIGN

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
STD	Pastor, John E.	2476 N. Essex Avenue	Hernando, FL 34442
PD	Cook, Barry J.	2476 N. Essex Avenue	Hernando, FL 34442

10. 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
John E. Pastor

(352) 746-6060

Date

8/05/04

Daytime Phone #

CR2E081 (01/04)