

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 DEC 22 PM 6:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000072465

1. Corporation Name

KARLIN REALTY SERVICES, INC.

Principal Place of Business

Mailing Address

2000 WEST VINE STREET  
 KISSIMMEE FL 34741

2000 WEST VINE STREET  
 KISSIMMEE FL 34741



REINSTATEMENT

98

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/30/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3396772

Applied For

Not Applicable

City & State

City & State

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 |
|------------|-------------------------------------|---|----------------------|
| PD         | PETTY, KAREN M                      | 2000 WEST VINE STREET   | KISSIMMEE FL 34741   |
| D          | REGISTER, LINDA M                   | 2000 WEST VINE ST   | KISSIMMEE FL         |
| ST         | REGISTER, SIDNEY W                  | 8641 BAYPINE RD   | JAX FL               |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |

100002725551-1  
 -12/29/98--01087--028  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REGISTER, LINDA  
 2000 W VINE ST  
 KISSIMMEE FL 34741

Name

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

Suite, Apt. #, Etc.

City

State  
 FL

Zip Code

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

*Linda Register*

REGISTERED AGENT MUST SIGN

Date

12/21/98

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)(f), 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:

*Linda Register*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/98  
 Date

904 731-9500  
 Daytime Phone #

CR2E040 (8/98)