


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR 18 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000078560**

1. Corporation Name  
Darlington Realty, Inc.

*JP* 000030934936  
23/04--01078--008 \*\*1350.00

**REINSTATEMENT 00-04**

2. Principal Office Address 490 Crosswind Drive		3. Mailing Office Address P.O. Box 1091	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fernandina Beach, FL		City & State Fernandina Beach, FL	
Zip 32034	Country USA	Zip 32035	Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 09/20/96

5. FEI Number  
59-3421171

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Ruth Darlington

Street Address (P.O. Box Number is Not Acceptable)  
938 Sea Hawk Place

Suite, Apt. #, Etc.

City  
Amelia Island

State  
FL

Zip Code  
32034

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 *Ruth Darlington* Date 3/17/04

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
P	Ruth Darlington a/k/a	938 Sea Hawk Place	Amelia Island, FL 32034
	M. Ruth Darlington		

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: *Ruth Darlington* Date 3/17/04 Daytime Phone # 904/753-0366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE081 (01/04)