

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 APR 22 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080182

1. Corporation Name

PALM COAST MARKETING & REAL ESTATE
MANAGEMENT, CORP

Principal Place of Business

Mailing Address

25 PELICAN CT
PALM COAST, FL. 32137

25 PELICAN CT
PALM COAST, FL.
32137

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

SEPTEMBER 25, 1996

5. FEI Number

13-391-1312

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
<u>pres-</u> <u>ident</u>	<u>ALEXANDER E. ORLOV</u>	<u>25 PELICAN CT, PALM COAST, FL. 32137</u>	<u>000002502850--7</u> <u>-04/28/98--01062--015</u> <u>***908.75 ***908.75</u>

REINSTATEMENT 97-98

SL 4.23-98

8. Name and Address of Current Registered Agent

MARINA KHLUDENEVA
25 PELICAN CT
PALM COAST, FL. 32137

9. Name and Address of New Registered Agent

Name

ALEXANDER E. ORLOV

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

25 PELICAN CT

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

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

Alex Orlov
REGISTERED AGENT MUST SIGN

Date

04/21/98

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)(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

Alex Orlov

Date

04/21/98 (904) 447-0617
(904) 447-0645

CR2E040 (1/98)