

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000044286

1. Corporation Name

AEGIS REALTY, INC.

Principal Place of Business

801 WEST BAY DRIVE #406
LARGO FL 33770

Mailing Address

801 WEST BAY DRIVE #406
LARGO FL 33770

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 12/99-01076-011

5. FEI Number

59-3452143

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
Pres	James M. Gibbs II	1660 Gulf Blvd CLEARWATER, FL	CLEARWATER, FL. 33767
Sec	Rose Marie Gibbs	1660 Gulf Blvd.	CLEARWATER, FL 33767
			4000002738454-0 -01/12/99-01076-012 ****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

BOKOR, BRUCE H
911 CHESTNUT STREET
CLEARWATER FL 34616

9. Name and Address of New Registered Agent

Name

JAMES M. Gibbs II

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

801 West Bay Dr Suite 406

Suite, Apt. #, Etc.

406

City

LARGO

State

FL

Zip Code

33770

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date 1-5-99

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

[Signature]
Sandra B. Mortham

11-12-98 727581-1007

Date

Daytime Phone #

CR2000 (9/98)