

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 JUN 23 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # p97000060015

1. Corporation Name

REO Investment Group Inc

2. Principal Office Address

1970 Hwy 87

Suite, Apt. #, etc.

103

City & State

Navarre Bch, FL

Zip

32566

Country

USA

3. Mailing Office Address

P.O. Box 5613

Suite, Apt. #, etc.

City & State

Navarre Bch, FL

Zip

32566

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/10/97

5. FEI Number

59-3456840

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

Donald W. Hawkins

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

1970 Hwy 87

Suite, Apt. #, Etc.

103

City

Navarre Bch

State

FL

Zip Code

32566

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

[Signature]

Date 06/20/00

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
Dir	Donald W. Hawkins	1970 Hwy 87, #103	Navarre Bch, FL 32566

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD W. HAWKINS

Date

Daytime Phone #

850-380-5527

CR2E081 (9/99)