

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 26 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11162007 REIN-P CR2E098 (1/07)

DOCUMENT # P98000020356

1. Entity Name
LAKE DEFUNIAK REALTY, INC.



Principal Place of Business
**800 U.S. HWY. 90 W.
SUITE #2
DEFUNIAK SPRINGS, FL 32433 US**

Mailing Address
**800 U.S. HWY. 90 W.
SUITE #2
DEFUNIAK SPRINGS, FL 32433 US**

2. Principal Place of Business - No P.O. Box #
LAKE DEFUNIAK REALTY, INC. SAME

3. Mailing Address
479 US HWY 90W

Suite, Apt. #, etc.
479 US HWY 90W

City & State
DEFUNIAK SPRS. FL

Zip
32433

Country
USA

4. FEI Number
59-3495713

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HURST, JANET S
800 U.S. HWY. 90 W.
DEFUNIAK SPRINGS, FL 32433**

7. Name and Address of New Registered Agent

Name
JANET S. HURST

Street Address (P.O. Box Number is Not Acceptable)
479 US HWY 90W

City
DEFUNIAK SPRS. FL

Zip Code
32433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Janet S. Hurst** (NOTE: Registered Agent signature required when reinstating)

DATE **11/16/07**

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HURST, JANET S 1396 US HWY. 90 EAST PONCE DE LEON, FL 32455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200112462852 11/20/07--01042--014 **150.00
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REINSTATEMENT

2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Janet S. Hurst** **JANET S. Hurst** **11/16/07 (888) 882-6475**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #