

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 20 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000020356

1. Corporation Name
LAKE DEFUNIAK REALTY, INC
479 US Hwy 90W
De Funiak Spgs. FL 32433

2. Principal Office Address - No P.O. Box #
479 US Hwy 90W
Suite, Apt. #, etc.

3. Mailing Office Address
479 US Hwy 90W
Suite, Apt. #, etc.

City & State
De Funiak Spgs. FL
City & State
DE FUNIAK Spgs. FL
Zip Country
32433 USA 32433 USA

REINSTATEMENT 09-10

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 59-3495713 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

900166739579
01/21/10--01002--001 **300.00

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7. Name and Address of Current Registered Agent
Name JANET S. HURST
Street Address (P.O. Box Number is Not Acceptable)
1396 US Hwy 90W
Suite, Apt. #, Etc.
City PONCEDELEON State FL Zip Code 32455

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 JANET S. HURST Date 1/20/2010
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	JANET S. HURST	1396 US Hwy 90W	PONCEDELEON, FL 32455
D	PATRICK D. HURST	" "	" " 32455

10. E-mail Address: turningpointe@embarqmail.com
(To be used for future annual report notification)

11. 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. I further certify, 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: JANET S. HURST Date 1/20/2010 (850) 585-080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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