

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 AM 10:28

DOCUMENT # P98000030657

1. Corporation Name

OSPREY REALTY, INC.

2. Principal Office Address

701 N. FRANKLIN ST.

Suite, Apt. #, etc.

3. Mailing Office Address

701 N. FRANKLIN ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 04/01/1998

5. FEI Number

59-3508199

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

HILL JR., JOHN

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

701 N. FRANKLIN ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33602

000003515550--6

12/20/00 01039 023

***750.00 ***750.00

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

REGISTERED AGENT MUST SIGN

Date

11-30-00

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
D	HILL JR., JOHN	701 N. FRANKLIN ST.	TAMPA, FL 33602
P	HILL SR., JOHN	701 N. FRANKLIN ST.	TAMPA, FL 33602

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Hill, Jr.

Date

Daytime Phone #

11-30-00 813-383-0205

CR2E081 (9/99)