

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 22 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000036349

1. Corporation Name

TRI-County Realty + Associates, INC

2. Principal Office Address

828 SR 26

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

828 SR 26

Suite, Apt. #, etc.

\_\_\_\_\_

City & State

MELROSE, FL

City & State

MELROSE

Zip

32666

Country

PUTNAM

Zip

32666

Country

PUTNAM

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/98

5. FEI Number

533367108

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

MANUEL A. DISGDIERTT

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

821 NW 13TH STREET

000003415700

--8

Suite, Apt. #, Etc.

-10/05/00--01107--015

\*\*\*\*150.00 \*\*\*\*150.00

City

GAINESVILLE

State

FL

Zip Code

32601

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

Manuel A. Disgdiertt

REGISTERED AGENT MUST SIGN

Date 9-20-00

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
Pres	<u>MANUEL A. DISGDIERTT</u>	<u>821 NW 13 ST</u>	<u>GAINESVILLE, FL</u>
Sec		<u>GAINESVILLE, FL 32601</u>	<u>32601</u>
			<b>KE</b>

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:

Manuel A. Disgdiertt MANUEL A. DISGDIERTT 9/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-371-4357

CR2E01 (9/99)

**MR. INSURANCE, INC.**

2062

821 NW 13TH STREET  
GAINESVILLE, FL. 32601-2909

Phone 352-371-4357  
Fax 352-336-3910  
Email misterinsure@aol.com

September 22, 2000

Florida Department of State  
Sec. of State  
Division of Corporations

RE: Tri-County Realty & Associates, Inc.  
Document # P-98000036349

Enclosed please find Corporation Reinstatement Form. On Sept. 20, 2000 we spoke with someone in your office and advised them that we never received the renewal form for the Uniform Business Report and was told to fill out this reinstatement form and attached a check in the amount of \$150.00 which is enclosed.

Kindly reinstate this Corporation so we may approach the Dept. of Real Estate for Licensure.

If you have any questions, please give me a call at 352-371-4357 Mr. Insurance, Inc.

Sincerely:

  
Manuel A. Disgdiert  
President

THE ADDRESS USED FOR MAILING WAS  
300-C SR 26  
Melrose, FL. 32666

Wrong  
Address

IT SHOULD BE SENT TO

828 SR 26

Melrose, FL. 32666