

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -8 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000055533

1. Corporation Name

R.E. PROPERTIES OF N.E. FL, INC.

Principal Place of Business

5605 FORT SUMTER ROAD  
JACKSONVILLE FL 32210

Mailing Address

2406 SEGOVIA AVE  
JACKSONVILLE FL 32217

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3522770

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	SAFAR, EDMOND	5605 FORT SUMTER ROAD	JACKSONVILLE FL 32210
DV	SAFAR, LOUSIA	5605 FORT SUMTER ROAD	JACKSONVILLE FL 32210

700004961167--9  
-02/20/02--01052--006  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAFAR, EDMOND

~~5605 FORT SUMTER ROAD~~  
~~JACKSONVILLE FL 32210~~

Name

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

2406 SEGOVIA AVE.  
Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32217

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Edmond Safar*  
REGISTERED AGENT MUST SIGN

Date 2-5-02

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 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:

*Edmond Safar* Edmond SAFAR 2-5-02 (904) 779-0033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/01)