

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 15 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000060708*

1. Corporation Name *Select Properties Giese & Assoc. Inc.*

2. Principal Office Address

*3224 S.R. 60 E.*

Suite, Apt. #, etc.

City & State

*Valrico, FL*

Zip

*33594*

Country

3. Mailing Office Address

*3224 S.R. 60 E.*

Suite, Apt. #, etc.

City & State

*Valrico, FL*

Zip

*33594*

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*07/08/1998*

5. FEI Number

*59-3522829*

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

*Warren Giese*

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

*4639 River Overlook Dr*

Suite, Apt. #, Etc.

City

*Valrico*

State

*FL*

Zip Code

*33594*

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

*Warren Giese*

Date

*6-11-2004*

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.D.	<i>Giese, Warren W 3224 S.R. 60 E. Valrico, FL</i>	<i>4639 River Overlook Dr Valrico, FL 33594</i>	<i>Valrico, FL 33594</i>
DST	<i>Rouleau, Mary 3224 S.R. 60 E. Valrico, FL</i>	<i>4639 River Overlook Dr.</i>	<i>Valrico, FL 33594</i>

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:

*Warren Giese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*6-11-04*

Daytime Phone #

*813-657-1505*

CR2E081 (01/04)

**Select Properties**  
**Giese & Assoc., Inc.**  
3224 S. R. 60 East  
Valrico, FL 33594  
**813-657-1505**  
**Fax 813-657-0708**

June 11, 2004

Department of State  
Division of Corporations  
**ATTN: REINSTATEMENT DEPARTMENT**  
409 East Gaines St.  
Tallahassee, FL 32399

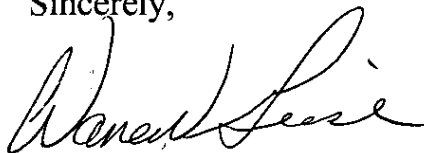
**RE: Document #P98000060708 – Reinstatement of Corporation**

To whom it may concern,

Please be advised that our corporation did not receive the annual report for the years 2003 and 2004 due to the fact that the address in your records was incorrect. Our address is referenced above.

If you have any questions, please feel free to call me at 813 -598-2817 or 813-657-1505 ext. 106.

Sincerely,

A handwritten signature in cursive script, appearing to read "Warren Giese".

Warren Giese  
President