

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000088022

1. Corporation Name

REALTY WORLD - FLORIDA, INC.

Principal Place of Business

2600 DEL PRADO BLVD.
CAPE CORAL FL 33904

Mailing Address

2500 DEL PRADO BLVD.
CAPE CORAL FL 33904

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

2. New Principal Office Address, If Applicable

3625 DEL PRADO BLVD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3625 DEL PRADO BLVD.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip 33904

Country LEE

City & State

CAPE CORAL, FL

Zip 33904

Country LEE

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1998

5. FEI Number

65-0868056

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GERREDA ROBERT D	3015 S.E. 22ND PLACE	CAPE CORAL FL 33904
VP	PAVICH, JOSEPH R	22569 ISLAND LAKES DR	ESTERO FL 33928

300008605093
10/28/02 01032-016 ***750.00

8. Name and Address of Current Registered Agent

GERRERO, ROBERT D
2500 DEL PRADO BLVD.
CAPE CORAL FL 33904

3625 DEL PRADO BLVD.

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert D. Gerrero
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

Robert D. Gerrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/23/02 Daytime Phone #

CP2E040 (8/02)