

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 MAR 20 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000001588

1. Corporation Name

FLORIDA REFERRAL REALTY & MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~1746 GOLFVIEW~~  
~~KISSIMMEE FL 34746~~

~~1746 GOLFVIEW~~  
~~KISSIMMEE FL 34746~~



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

12/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500 Celebration Ave

500 Celebration Ave

City & State  
Celebration FL

City & State  
Celebration FL

Zip Country  
34747 USA

Zip Country  
34747 USA

5. FEI Number

59-3629996

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HARVEY, ANGELINE E	1746 GOLFVIEW	KISSIMMEE FL 34746
			200003187732--5 -03/29/00--01007--001 ****908.75 ****908.75

REINSTATEMENT 9900

8. Name and Address of Current Registered Agent

HAND, RONALD M  
919 WEST EMMETT STREET  
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name MARTIN E. TERRICO  
Street Address (P.O. Box Number is Not Acceptable)  
4877 LAKE Cecile DR  
Suite, Apt. #, Etc.  
City Kissimmee State FL Zip Code 34746

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 3/14/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Angeline E. Harvey

Date

3/14/00 (407)  
396-2557  
Daytime Phone #

CR2E040 (8/99)