

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 20 AM 11:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 099000009480

1. Corporation Name

SOUTH MOUNTAIN REALTY CORPORATION

2. Principal Office Address - No P.O. Box #

999 AQUA CIRCLE

3. Mailing Office Address

999 AQUA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34102

Country

USA

Zip

34102

Country

USA

REINSTATEMENT

02-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/26/1999

5. FEI Number

59-3554074

☐ 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

FREDERICK F. BUECHEL

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

999 AQUA CIRCLE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

500183441635
0720710--01002--004 **1958.75

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

F. Buechel, MD

Date 7-15-10

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
PRES	FREDERICK F. BUECHEL	999 AQUA CIRCLE	NAPLES, FLORIDA
			34102

10. E-mail Address:

BUECHELAAKFFB@YAHOO.COM

(To be used for future annual report notification)

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. I further certify, 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:

F. Buechel, MD

F. BUECHEL, MD

7-15-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #