

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -9 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000022500**

1. Corporation Name

FLORIDA REAL ESTATE CONNECTION, INC.

000023679690

10/10/03--01008--008 **750.00-

2. Principal Office Address

22079 KIMBLE AVENUE

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE

Zip

33952

Country

USA

3. Mailing Office Address

P.O. BOX 484388

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE

Zip

33949

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/1999

5. FEI Number

650901624

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

MICHAEL J. SIKORSKI

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

22079 KIMBLE AVENUE

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

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

Date **10-6-03**

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
PSTD	RICHARD J. SIKORSKI	22079 KIMBLE AVENUE	PORT CHARLOTTE, FL. 33952

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-6-03

Daytime Phone #

941-764-8228

CR2E081 (10/02)