PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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~~CORPORATION~~
~~REINSTATEMENT~~

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

00-01 6888

APPROVED AND FILED

01 OCT 25 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP

DOCUMENT # P99000033775

1. Corporation Name
CORTE FAMILY INC

2. Principal Office Address	3. Mailing Office Address
5822 SE 27 ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala	City & State: FL
Zip: 34480 Country: Marion	Zip: 34480 Country: Marion

4. Date Incorporated or Qualified To Do Business in Florida 04/01/1999

5. FEI Number 592962743 ☐ 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: ROBERT K CORTE SR

Street Address (P.O. Box Number is Not Acceptable): 5822 SE 27 ct

Suite, Apt. #, Etc.:

City: Ocala State: FL Zip Code: 34480

600004652766--3
-10/25/01--01013--004
****400.00 ****300.00

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: Robert K Corte SR
REGISTERED AGENT MUST SIGN

Date: 10/25/2001

CR2E081 (9/00)

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.	Robert Corte SR	5822 SE 27th Ct	Ocala FL, 34480
Vice Pres.	Mary Lavender	5822 SE 27th Ct.	Ocala FL, 34480
~~Officer~~	Robert Corte JR.	5822 SE. 27th Ct.	Ocala FL, 34480
~~Officer~~	Dustin Lavender	5822 SE 27th Ct.	Ocala FL, 34480
~~Officer~~	Tabatha Lavender	5822 SE 27th Ct.	Ocala FL, 34480

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: Robert K Corte SR
ROBERT K. CORTE SR — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/25/2001
Daytime Phone #: 352-368-6953

oct 25/2001

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TO IT mgr Corp.

I was hit By a car in 1999
and did not receive any paper work
on my corp. in 1999 or 2000, Please waive
and fine or date for the Document that refers
to my Corp is P99000033775 THANK You

CORTE FAMILY INC
5822 SE 27 ct
Ocala FL 34480
352-368-6953