

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVAL  
AND  
FILED

DOCUMENT # P99000034629

1. Corporation Name

CAMPUS REALTY GROUP, INC.

03 OCT 13 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

821 NW 13TH ST  
A SUITE  
GAINESVILLE FL 32601

Mailing Address

821 NW 13TH ST  
A SUITE  
GAINESVILLE FL 32601

*Handwritten signature*



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable  
1109 NW 13th ST

Suite, Apt. #, etc.

City & State  
GAINESVILLE, FL

Zip Country  
32601 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1999

5. FEI Number

59-3569828

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	DISGDIERTT, MANUEL A JR.	4228 NW 10TH ST.	GAINESVILLE FL 32609

100023757481

10/13/03--01081--013 \*\*750.00

8. Name and Address of Current Registered Agent

DISGDIERTT, MANUEL A JR.  
4228 NW 10TH ST.  
GAINESVILLE FL 32609-1850

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

*Handwritten signature of Manuel A. Jr. Disgdiertt*

Date

10-8-03

REGISTERED AGENT MUST SIGN

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:

*Handwritten signature of Manuel A. Jr. Disgdiertt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-8-03 352  
336-3900

Daytime Phone #

CR2E040 (7/03)