

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -7 AM 8:00

DOCUMENT # P99000051730

1. Corporation Name

Edmar Realty Group **III**, Inc

333 S. Stone St.
333 S. Stone St.

2. Principal Office Address

333 S. Stone St.

Suite, Apt. #, etc.

3. Mailing Office Address

333 S. Stone St.

Suite, Apt. #, etc.

City & State

DeLand, Florida

City & State

DeLand, Florida

Zip

32720

Country

Volusia

Zip

32720

Country

Volusia

REINSTATEMENT

02-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida June 8, 1999

5. FEI Number
59-3580030

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

Mark Sepe

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

2640 St. Johns Rd.

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32720

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

Mark Sepe

REGISTERED AGENT MUST SIGN

Date Dec. 6, 2004

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
P.	Mark Sepe	2640 St. Johns Rd	DeLand, Florida 32720
V	Sheila Sepe	333 S. Stone St.	DeLand, Florida 32720

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12/07/04--01071--002 **1050.00

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:

Mark Sepe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 6, 2004

Date

386-734-0382

Daytime Phone #

CF2E001 (01/04)