

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN -7 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S01964**

1. Corporation Name

KIRSTEN REALTY, INC.

Principal Place of Business

~~8012 KELLY RIDGE LANE~~
~~TAMPA FL 33604-2803~~

29141 US HWY 19 N #52
CLEARWATER FL 34624-2424

Mailing Address

P.O. BOX 9683
TAMPA FL 33604-9683

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3030649

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KIRSTEN, JANE M.	2912 KELLY RIDGE LN 29141 US HWY 19 N #52	TAMPA FL 33604-2203 CLEARWATER FL 34624-2424
ST	KIRSTEN, EREK S.	2912 KELLY RIDGE LANE 29141 US HWY 19 N #52	TAMPA FL 33604-2803 CLEARWATER FL 34624-2424

REINSTATEMENT

1995
1996
G. Allen
11/7/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIRSTEN, EREK S

8012 KELLY RIDGE LANE

TAMPA FL 33604-2803

29141 US HWY 19 N #52
CLEARWATER FL 34624-2424

Name

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

300002052353--3

Suite, Apt. #, Etc.

-01/09/97--01051--005

City

****575.00

****575.00

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.

Signature of
Registered Agent

Erek S. Kirsten

REGISTERED AGENT MUST SIGN

Date 12/31/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Erek S. Kirsten Secretary*, EREK S. KIRSTEN 12/31/96 813 784 2359