PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOHM. FLORIDA DEPARTMENT OF STATE APPLICATION **Katherine Harris** FOR د Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED DOCUMENT # < 99 NOV -4 AM 11: 34 1 Corporation Name Garry and Donna Sievers, Inc. D/B/A Miley Real Estate SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business
31193 Avenue A Mailing Address P.O. Box 431544 Big Pine Key FL Biy Pine Key FL 33043 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, if Applicable Date Incorporated or Qualified To Do Business in Florida May 15, 1991 Suite Apt #. etc Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0257530 Not Applicable \$8.75 Add from the compared for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Pres. v Pres Garry A Sievers 29053 Marigold Lane Big Pine Key FL 33043 Sec/ Donna G Sievers 29053 Marigold Lane Treas Big Pine Key FL 33043 <del>600003038946</del>--11/09/99--01010--023 \*\*\*1058.75 \*\*\*1058.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Donna G Sievers 3 Sievers
O. Box Number is Not Acceptable) Donna Street Address (F P.O. Box 430776 29053 Marigold Lane Big Pine Key 2 33043 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 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🔲 No 🗵 Intangible Personal Property Tax due June 30. 12 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.

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10/28/99 305/812/942