

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S89033

1. Corporation Name

CKM REALTY, INC.

Principal Place of Business

345 ENTERPRISE STREET
OCDOEE FL 34761

Mailing Address

345 ENTERPRISE STREET
OCDOEE FL 34761

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1991

5. FEI Number

59-3097046

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KELLEY, ELIZABETH J	464 TIMBER RIDGE DR	LONGWOOD FL 32779
VD	KELLEY, PETER J	464 TIMBER RIDGE DR	LONGWOOD FL 32779
D	KELLEY, PETER J	8350 METROWEST BLVD	ORLANDO FL

REINSTATEMENT 94 11TS

8. Name and Address of Current Registered Agent

HOEPKER, TODD M
2300 SUNBANK CTR 200 S ORANGE AVE
ORLANDO FL 32802

9. Name and Address of New Registered Agent

Name Peter J. Kelley
Street Address (P.O. Box Number is Not Acceptable)
345 Enterprise N.
Suite, Apt. #, Etc.
City OCDOEE State FL Zip Code 34761

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

Date 11/26/99

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)(b), 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.

1000030835218
-12/14/99--01074--008
****750.00 ****750.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/99 407577-3100
Date Daytime Phone #