

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **V09457**

1. Corporation Name

**NORTHEAST FLORIDA REALTY, INC.**

Principal Place of Business

**U.S. 301 South Gables  
2515 OAK ST.  
JACKSONVILLE FL 32204**

Mailing Address

**2515 OAK ST. P.O. Box 1208  
JACKSONVILLE FL 32204**

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

2. New Principal Office Address, If Applicable

**U.S. 301 South Gables**

3. New Mailing Office Address, If Applicable

**P.O. Box 1208**

Suite, Apt. #, etc.

**P.O. Box 1208**

Suite, Apt. #, etc.

**P.O. Box 1208**

City & State

**Starke, FL**

City & State

**Starke, FL**

Zip

**32091**

Country

**Bradford**

Zip

**32091**

Country

**Bradford**

4. Date Incorporated or Qualified To Do Business in Florida

**01/24/1992**

5. FEI Number

**59-3109665**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	STALVEY, CARLOUS	P.O. BOX 369 N/A	STARKE FL

**800002053518--S  
-01/10/97--01020--005  
\*\*\*\*375.00 \*\*\*\*375.00**

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**STALVEY, CARLOUS  
U.S. 301 SOUTH  
STARKE FL 32091**

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.

Signature of Registered Agent

*Carlo Stalvey*

REGISTERED AGENT MUST SIGN

Date

**12/31/96**

11. 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.)

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.

SIGNATURE:

*Carlo Stalvey*

**12/31/96 352 468 2550**

CH2E040 (7/96)