

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 19 PM 3:11

**CORPORATION
 REINSTATEMENT**


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

DOCUMENT # V19382

1. Corporation Name

SEVEN HILLS REALTY OF TALLAHASSEE, INC.

2. Principal Office Address

1844 Fiddler Court

3. Mailing Office Address

P.O. Box 13561

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

—

City & State

Tallahassee, Florida

City & State

Tallahassee, FL.

Zip

32308

Country

USA

Zip

32317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/6/1992

5. FEI Number

59-3122515

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

STEPHEN JOHN KYNIO

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

9053 EAGLES RIDGE DRIVE

Suite, Apt. #, Etc.

—

City

Tallahassee

State
FL

Zip Code

32312

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

Date 7-19-02

REGISTERED AGENT MUST SIGN

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
PVS TD	Stephen John Kynio	1844 Fiddler Court	Tallahassee, FL. 32308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/19/02 850-893-2933

Daytime Phone #

CRZE081 (8/01)