

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAR 30 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Family Realty Center Inc

2. Principal Office Address

1228 Jacaranda Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34292

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1992

5. FEI Number

65-0323147

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

Monika Mattes

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

4371 Symco Ave

Suite, Apt. #, Etc.

City

North Port, FL

State  
FL

Zip Code

34286

400003993714-5

-04/12/01--01010--013

\*\*\*\*908.75 \*\*\*\*908.75

REINSTATEMENT 00-01  
78

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

Monika Mattes  
REGISTERED AGENT MUST SIGN

Date Mar 29/2001

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
Pres.	Monika Mattes	4371 Symco Ave	North Port, FL 34286
Treas.	Monika Mattes	4371 Symco Ave	North Port, FL 34286
Sec.	Monika Mattes	4371 Symco Ave	North Port, FL 34286

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:

Monika Mattes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Mar 29/01

Daytime Phone #

941  
497-3669

CR2E081 (9/00)