

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

FAMILY REALTY CENTER, INC

2. Principal Office Address

1228 ACARANDA

Suite, Apt. #, etc.

City & State

VENICE FL

Zip

34292

Country

USA

3. Mailing Office Address

448 Cerramar Rd

Suite, Apt. #, etc.

Unit 289

City & State

Venice FL

Zip

34293

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1992

5. FEI Number

65 0323147

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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)

448 Cerramar Rd

Suite, Apt. #, Etc.

Unit 289

City

Venice FL

100018679921

05/09/02 01074 021 \*\*300.75

State

FL

Zip Code

34293

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

April 30/03

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
PTS	Monika Mattes	448 Cerramar Rd #289	Venice FL 34293

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)(l), 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

MONIKA MATTES

Date

April 30/03

Daytime Phone #

941  
497  
3669

CR2E081 (10/02)

21 519

Department of State

Family Realty Center  
1228 Jacaranda Blvd  
Venice, Florida 34292

April 30, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

During a conversation with a representative of your department,  
I was advised to write this letter of explanation.

This Corporate Reinstatement is being sent to you now since I  
received none of your mail last year because I had moved to  
another location.

I am enclosing a \$300 for 2002 and 2003 plus the \$8.75 for my  
certificate of status.

Thank you in advance for your help.

Sincerely,



Monika Mattes.  
President