

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 29 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V21522**

1. Corporation Name

Tom Todd Realty, Inc

2. Principal Office Address

2720 CR 30C

Suite, Apt. #, etc.

3. Mailing Office Address

2720 CR 30C

Suite, Apt. #, etc.

City & State

Port St Joe, FL

City & State

Port St Joe, FL

Zip

32456

Country

USA

Zip

32456

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

FI

5. FEI Number

58 311215

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

Tom Todd

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

2720 CR 30C

Suite, Apt. #, Etc.

City

Port St Joe, FL 32456

State
FL

Zip Code

900005971989--1
-06/25/02--01047--008
*****1658.75 ***1658.75**

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

X Tom Todd

REGISTERED AGENT MUST SIGN

Date **5-23-02**

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/D	Tom Todd	2720 CR 30C	Port St Joe, FL 32456
			1500.00 - Adm
			61.25 - AR
			88.75 - ARsupp
			8.75 - Cert

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:

X Tom Todd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-02

Date

850-227-1501

Daytime Phone #

CR2ED81 (9/01)