

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32333

1. Corporation Name

REALTY ASSOCIATES OF CENTRAL FLA., INC.

Principal Place of Business

Mailing Address

499 HWY. 434
#2013
ALTAMONTE SPRINGS FL 32714
US

499 HWY. 434
#2013
ALTAMONTE SPRINGS FL 32714
US

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3190702

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

32701

US A

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	4 City / State / Zip
D	MACMILLAN, JON R	300 COLUMBUS CIRCLE	LONGWOOD FL

500024207145
10/28/03--01054--004 **400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACMILLAN, JOHN R
300 COLUMBUS CIRCLE
LONGWOOD FL 32750

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

04/21/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/21/03

Daytime Phone #

407 865-9995

CR2E040 (7/03)



To Whom It May Concern:

As advised by your office.

Please find \$400 ~~late~~ late fee/re-instatement enclosed.

Regards,

John R. Hull
Pres.