

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 18 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 62293

1. Corporation Name
SUNBELT REAL ESTATE, INC.

2. Principal Office Address
15500 LIGHTWAVE DR.

3. Mailing Office Address
10201 MILLPORT DR.

Suite, Apt. #, etc.
100-1

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State
TAMPA, FL

Zip
33760

Country
USA

Zip
33626

Country
USA

REINSTATEMENT

200203

4. Date Incorporated or Qualified
To Do Business in Florida: 9/8/92

5. FEI Number
650356881

☒ 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
JIM ALLEN

Street Address (P.O. Box Number is Not Acceptable)
10201 MILLPORT DR

400021636954
07/18/03--01032--003 **100.00

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33626

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

James D. Allen
REGISTERED AGENT MUST SIGN

Date 7/14/03

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	JIM ALLEN	10201 MILLPORT DR.	TAMPA, FL 33626

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

James D. Allen
JAMES D. ALLEN

Date

7/14/03

Daytime Phone #

813 926-9696
813 629-0743

CR2E081 (10/02)