PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

02 OCT -4 PM 4: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

REINSTATEMENT

S REALTY, INC.

		A contract of the contract of	77	l luuuuoch	1 ** * * ***	
2. Principal Office Addre	S AVENUE, NE	3. Mailing Office Address 2174 HARRIS	S AVENUE, NE	-10/07/02-	01063007 10 ***1200.00	
Suite, Apt. #, etc.SUTTE 1		Suite, Apt. #, etc. SUITE 1				
P.O. BOX 060250		P.O. BOX 060250		4. Date Incorporated or Qualified To Do Business in Florida		
City & State		City & State			<del></del>	
DAIM DAY PLODEDA		PALM BAY, FLORIDA		5. FEI Number	Applied For	
PALM BAY, FLORIDA				59-2984799	Not Applicable	
Zip 32906-0250	Country USA	<sup>Zip</sup> 32906–0250	Country USA	e	\$8.75 Additional Fee require for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name						
JACK B. SPIRA						
Street Address (P.O. Box Number is Not Acceptable)						
5205 BABCOCK STREET, NE						
Suite, Apt. #, Etc.						
City DATA DAY	State	Zip Code 32905				
PALM BAY	FL	32905				

Signature of Registered Agent Date 9/20/5 C							
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				
PD	FRED E. SUTTON	2174 HARRIS AVENUE, NE	PALM BAY, FL 32905				
STD	FRED E. SUTTON	2174 HARRIS AVENUE, NE	PALM BAY, FL 32905				
		<b>'</b>					

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 filling 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

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