

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P01000116396

1. Corporation Name  
REIT Partners of Florida, Inc.

2. Principal Office Address 30 Moreno Point Rd. 3. Mailing Office Address 30 Moreno Point Rd.

Suite, Apt. #, etc. # 305-A Suite, Apt. #, etc. # 305-A

City & State Destin, FL City & State Destin, FL

Zip Country 32541 Okaloosa Zip Country 32541 Okaloosa

4. Date Incorporated or Qualified To Do Business in Florida 12/7/01  
5. FEI Number 51-0434030 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 Jack H. Hogan  
Street Address (P.O. Box Number is Not Acceptable) 30 Moreno Point Rd.  
Suite, Apt. #, Etc. # 305-A  
City Destin State FL Zip Code 32541

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 \_\_\_\_\_ Date 4/23/03  
REGISTERED AGENT MUST SIGN

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
P/D	Jack H. Hogan	30 Moreno Point Rd, 305-a	Destin, FL 32541

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05/05/03--01109--020 \*\*300.00

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: Jack H. Hogan 4/23/03 850-654-0891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
JACK H. HOGAN

CR2E081 (10/02)