PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING FILES FORM.

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	RPORATION STATEMENT		Secre	PARTMENT OF STATI etary of State of corporations		NOV 26 AM 8: 44 ECELIAI J OF STATE LAMASSEE FLORIDA		
DOCUMENT # 1. Corporation Name						ACTION OF THE ONIDA		
THREE PERCENT REAlty, INC.					a de la composição de l	1070 - 100 -	, F(====0	
2. Principal Office Address			3. Mailing Office Address Joe Incidence 697 WOODWARD RP.					
2421 VillAGE Blvo. Suite, Apt. #, etc.			Suite, Apt. #, etc.		Docum	DOCUMENT # P02000003854		
Suite, Apt. #, etc. Blog. 19, Unit 101 City & State						4. Date Incorporated or Qualified To Do Business in Florida /- 8 - 2002		
West Palm Beach, FL			NORTH PROVIDENCE		5. FEI Numb	5. FEI Number Applied For Not Applicable		
Zip 3346	Country		Zip 02904	Country USA	6. CERTIFICAT		Additional Fee required a Certificate of Status	
			7. Name a	and Address of Current Regi	stered Agent			
Name Joseph F.C. IACIOFANO - 401-265-8731								
	Street Address (P.O. Box Number is Not Acceptable)							
	242/ VillAGE B/VD. Suite, Apt. #, Etc.				——————————————————————————————————————	99025:9471 3/0301006027	**150:00	
	Building 19 Unit 101 City West Palm Beach					State Zip Code FL 33409		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.								
Signature of Registered Agent REGISTERED AGENT MOST SIGN Date //-23-03								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles	Office	Name of rs and/or Directors	,	Street Address of E Officer and/or Dire		City / State	/ Zip	
PRES.	Joseph F.	.C. TAC.	OFAND 69	7 WOODWARD	Ro.	North Providence	6, RI 02904	
V.P.	Joseph	P. IAC.	IOFANO ZIS	55 Regents BN	·p.	W. Palm Biach	FL 33409	
TREAS.	▼	_		7 WOODWARP T		North Providence	, RI 02904	
						<u> </u> 00250471		
					11/25.	<u> 10301006028</u>	**8.75	
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: Jan J. C. Jacob Joseph F. C. Laciorque 401-265-8731 SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR Date Date Destine Phone #								

3% Realty Inc. 2155 Regents Blvd. West Palm Beach, FL 3409 401-265-8731 iaciofano1@aol.com

11-23-03

To Whom It May Concern:

Please reinstate my corporation. I recently called the Florida Division of Corporations and found out my status was inactive. I never received any renewal notice and or correspondence from the division of corporations concerning my inactive status. I was told enclose a check of \$150 and to print out this form via the SUNBIZ website. I am enclosing a check for \$150 for my corporate filing and an \$8.75 check for a certificate of status. Please send all correspondence to my mailing address of

Joseph Iaciofano (c/o 3% Realty (697 Woodward Road) North Providence, RI 02904

If there is a problem or you have any questions please call me at 401-265-8731. Thank you in advance for all your help. I would like to get reinstated as soon as possible, since I didn't even know my status was inactive.

Thank you,

Joseph F.C. Iaciofano