

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC -7 PM 2: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007295

1. Corporation Name

First Option Realty, Inc.

300163382763  
12/07/09--01066--006 \*\*300.00

REINSTATEMENT CR2E081 (11/09) 08-09

2. Principal Office Address - No P.O. Box #  
4348 SW 195 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address  
4348 SW 195 TER

Suite, Apt. #, etc.

City & State  
MIRAMAR, FLORIDA

Zip Country  
33029 USA

City & State  
MIRAMAR, FLORIDA

Zip Country  
33029 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 01/15/2002

5. FEI Number Applied For  
75-2987688 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  
ICLESIASTE DARIUS

Street Address (P.O. Box Number is Not Acceptable)  
4348 SW 195 TER

Suite, Apt. #, Etc.

City  
MIRAMAR, FLORIDA

State Zip Code  
FL 33029

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12/02/2009

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	Iclesiaste Darius	4348 SW 195 Ter	Miramar, FL 33029

10. E-mail Address: ike.darius@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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

Date 12/02/2009 Daytime Phone #