PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 DEC 19 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P09000088939

1. Corporation Name

REAL ESTATE PROMOTIONAL SERVICES, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
334 E CAMPBELL AVE		334 E CAMPBELL AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
CAMPBELL, CA		CAMPBELL, CA	
Zip	Country	Zip	Country
95008	UNITED STATES	95008	UNITED STATES

4. Date Incorporated or Qualified To Do Business in Florida
10/27/2009

5. FEI Number
77-0475343
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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

800267640118

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 _____ Courtney Williams Asst. Vice President
REGISTERED AGENT'S SIGNATURE

Date 12.19.14

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
Pres	Jeff Crowe	334 E Campbell Ave	Campbell, CA 95008
VP	Jeff Crowe	334 E Campbell Ave	Campbell, CA 95008
Sec	Jeff Crowe	334 E Campbell Ave	Campbell, CA 95008
Treas	Jeff Crowe	334 E Campbell Ave	Campbell, CA 95008

10. **E-mail Address:** Jeff@repsweb.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.*

SIGNATURE: _____ Jeff Crowe, President 12/10/2014 408-871-4586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #