## 2009 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P94000074348  1. Entity Name  J. T. WALSH REALTY, INC.   |                 |                                |              |  |                       |  | SECRETARY OF STATE DIVISION OF CORPORATIONS  09 MAY -5 PM 1: 27 |                     |            |          |                              |
|---|-----------------|--------------------------------|--------------|--|-----------------------|--|---|---------------------|------------|----------|------------------------------|
| Principal Place of Business  2795 SPANISH RIVER RD  BOCA RATON, FL 33432 US  Mailing Address  5781 N. FEDERAL HWY  BOCA RATON, FL 33487 US  |                 |                                |              |  |                       |  |   | L 18111 B1811 BB111 | <b> </b>   |          | <b>1</b> 1      <b>1</b> 11i |
| 2. Principal Place of Business - No P.O. Box #  |                 |                                |              | Mailing Address                                  | <u>.</u>              |  |   |                     |            |          |                              |
| Suite, Apt. #, etc.   |                 |                                |              | Suite, Apt. #, êtc.                              | 04302009              | REIN-P   | CR2   | E098 (1/07)         |            |          |                              |
| City & State  |                 |                                | B            | Boca Ruton 7L                                    |                       |  | 4. FEI Numb<br>65-052   |                     |            |          | lied For<br>Applicable       |
| Zip   |                 |                                |              | 2ip 33432 Con                                    |                       | <u>us</u>  | 5. Certificate of Status Desired Fee Required                   |                     |            | onal     |                              |
|   |                 | and Address of Current         | stered Agent | 7. Name and Address of New Registered Agent Name |                       |  |   |                     |            |          |                              |
| WALSH, J<br>2795 SPAI<br>BOCA RA  | NISH RIVI       |                                |              |  |                       | Street Address (P.O. Box Number is Not Acceptable) |   |                     |            |          |                              |
|   |                 |                                |              | •  |                       | City   | FL Z <sub>1</sub> p Code  |                     |            |          |                              |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent  |                 |                                |              |  |                       |  |   |                     |            |          |                              |
| SIGNATURE Signature, typed or privided name of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reinstating) DATE   |                 |                                |              |  |                       |  |   |                     |            |          |                              |
| FII   | LE NOW!!        | ! FEE IS \$300.00              |              |  |                       |  | ance with s. 60<br>on did not rece                              |                     |            |          |                              |
| 10.   | r               | OFFICERS AND                   | DIRE         |  |                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |                     |            |          |                              |
| TITLE<br>NAME   | DPS<br>WALSH, . | JOHN T                         | ☐ Delete     | E E  |                       |  |   | ☐ Change            | Addition   |          |                              |
| STREET ADDRESS<br>CITY - ST - ZIP   | 2795 SPA        | NISH RIVER RD<br>TON, FL 33432 |              |  | et address<br>-St-Zip | 300155467053<br>05/05/0901041021 **300.00          |   |                     |            |          |                              |
| TITLE<br>NAME   |                 |                                | ☐ Delete     | E  | ☐ Change ☐ Addition   |  |   |                     |            |          |                              |
| STREET ADDRESS<br>CITY-ST-ZIP   |                 |                                |              | ET ADDRESS<br>-ST-ZIP                            |                       |  |   |                     |            |          |                              |
| TITLE .   |                 |                                | ☐ Delete     |  |                       |  |   | □ Ohange            | ☐ Addition |          |                              |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                 |                                |              | ET ADDRESS<br>-SI-ZIP                            |                       |  | <1  | 11/5                |            |          |                              |
| TITLE<br>NAME   |                 |                                |              | ☐ Delete   | TITLE                 |  | ·   |                     | 7          | Change   | Addition                     |
| STREET ADDRESS<br>CITY-ST-ZIP   |                 |                                |              |  | STRE                  | ET ADDRESS<br>-SI-ZIP                              |   |                     | × (5       |          |                              |
| TITLE   |                 |                                |              | ☐ Delete   | TITLE                 | -  |   | 0                   |            | ☐ Change | Addition                     |
| NAME<br>STREET ADDRESS<br>CITY-S1-7IP   |                 |                                |              |  | STRE                  | ET ADDRESS<br>-ST-ZIP                              | REIN  | ISTA                | ATEM       | IEN'     |                              |
| TITLE<br>NAME   |                 |                                |              | ☐ Delete   | TITLE                 |  |   |                     |            | ☐ Change | Addition                     |
| STRFET ADDRESS<br>CITY-ST-ZIP   |                 |                                |              |  | STRE                  | ET ADDRESS<br>-S1-ZIP                              |   |                     |            |          |                              |
| 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                 |                                |              |  |                       |  |   |                     |            |          |                              |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4 29 08 561 213 8899  Dayline Phone P.  Dayline Phone P.  |                 |                                |              |  |                       |  |   |                     |            |          |                              |