
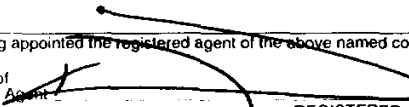


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9600020445			
1. Corporation Name <p style="text-align: center; font-weight: bold;">Bullock Realty, Inc.</p>			
Principal Place of Business <p>4639 Gulf Starr Drive Destin, Florida 32541</p>		Mailing Address <p>4639 Gulf Starr Drive Destin, Florida 32541</p>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <p style="text-align: right; font-weight: bold;">March 6, 1996</p>		5. FEI Number <p style="text-align: center; font-weight: bold;">65-0675960</p>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$6.75 Additional Fee is added to a Certificate of Status.	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/T/D	Kianoosh Bullock	4639 Gulf Starr Drive	Destin, Florida 32541
			800003078008--6 -12/22/99--01052--018 ****\$900.00 ****\$900.00
			800003078008--6 -12/22/99--01052--019 *****\$8.75 *****\$8.75
8. Name and Address of Current Registered Agent <p>Dana C. Matthews 607 Highway 98 East Destin, Florida 32541</p>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 12-9-99 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: Kianoosh Bullock KIANOOSH BULLOCK		Date 12/3/99 Daytime Phone 250-650-5555	

REINSTATEMENT 98-99

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E061 (12/99)