

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB -4 PM 12:32

DOCUMENT # P96000079799

1. Corporation Name
G+S Realty Advisors Corp

2. Principal Office Address - No P.O. Box #

12001 Pine Needle Ln.
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Pinecrest, FL

City & State

Zip Country
33156 Miami Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-070029

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

200193377632
02/04/11--01036--004 **900.00

CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name
Scott Hannon

Street Address (P.O. Box Number is Not Acceptable)
12001 Pine Needle Ln.

Suite, Apt. #, Etc.

City
Pinecrest

State
FL

Zip Code
33156

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

[Signature]

Date 12/27/10

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
Pres.	William Scott Hannon	12001 Pine Needle Ln Pinecrest, FL 33156	Pinecrest FL 33156

REINSTATEMENT

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2/7/11

10. E-mail Address: Swttegandsgroup.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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/10

Date

Daytime Phone #

305-866-9893