PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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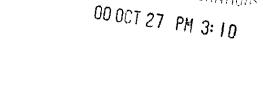
1. Corporation Name

NEW REALMS, INC.

Principal Place of Business

Mailing Address

% SHUTTS & BOWEN 250 AUSTRALINA AVENUE SOUTH WEST PALM BEACH FL 33401 % SHUTTS & BOWEN 250 AUSTRALINA AVENUE SOUTH WEST PALM BEACH FL 33401



VISION OF CORPORATION

WEST FALM DEACH FE 33401 WEST FALM DEACH FE 33401										
f above addresses are incorrect in any way, line through incorrect information and enter correction below.							NSTATEME	NT ()	$\mathcal{Y}^{'}$	
New Principal Office Address, If Applicable New Mailin			ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida				
				W. 69th Street		10000000	10/0	03/1997		
Suite, Apt. #, etc. Suite, Apt. #,					5. FEI Number		Applied For	1		
			Raton, FL			7 Applied Feb.			4	
City & State City & State						65-0793991 Not Applicable				
Zip Country Zip		Zip 33487	Country U.S.A.		6. CERTIFICATE OF STATUS DESIRED					
334		U.S.A.					ent 2 directors)			4
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Fio	nga nonpro						1
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		or City / State / Zip					
1 `´	2			3	3			4		
D	CARTER,	SEAN	•		304 SCARBROUGH LANE 264 N.W. 69th Street			BOYNTON BEACH FL 33430 Boca Raton, FL 33487		
D	OGILVIE, DAVID A			1700 LINCOLN ST SUITE 3901				DENVER CO 80203		
				90000346 -11/15/00 ******88.				100034636 -11/15/0001 ******8.75	885 021005 ******8.75	
	·			9 00008 4636895					895 121-1116	-
							V ****758.00 ****750.80			
	8. Nan	ne and Address of Current	Registered Age	ent			9. Name and Address of New Registered Agent			
					Name					
GART, DAVID A			Street Address (P.O. Box Number is Not Acceptable)					40 (8/00		
250 AUSTRALIAN AVENUE SOUTH				Chot/Maraba (10. Box Harris 10. Box					ZEC	
SUITE 500			Suite, Apt. #, Etc.				75			
WEST PALM BEACH FL 33401			Oit.			State	Zip Code	-		
_			FL				Zip Code			
10. I, being	appointed th	e registered agent of the ab	ove named corp	oration, am	familiar wi	th and accept the c	obligations of Sect	ion 607.0505, F.S.		1
Signature o		Weind	Hais					Date 10/13/0	0	
Registered Agent Date								_		
this rein owed by	statement ap y the corporat	olication, the reason for diss	olution has been names of individ	eliminated luals listed	, the corpo on this for	orate name satisfies m do not qualify for	s the requirements r an exemption un	apter 607 or 617, F.S. I further of s of section 607.0401 or 617.040 der section 119.07(3)(i), F.S. Th	1, F.S., that all fees	