

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 OCT 27 PM 3:10

DOCUMENT # **P97000085640**

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



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 264 N.W. 69th Street Suite, Apt. #, etc. Boca Raton, FL City & State	3. New Mailing Office Address, If Applicable 264 N.W. 69th Street Suite, Apt. #, etc. Boca Raton, FL City & State	4. Date Incorporated or Qualified To Do Business in Florida 10/03/1997
Zip 33487	Country U.S.A.	5. FEI Number 65-0793991
Zip 33487	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CARTER, SEAN	304 SCARBROUGH LANE 264 N.W. 69th Street	BOYNTON BEACH FL 33438 Boca Raton, FL 33487
D	OGILVIE, DAVID A	1700 LINCOLN ST SUITE 3901	DENVER CO 80203
			900003463689--5 -11/15/00--01021--005 *****8.75 *****8.75
			900003463689--5 -11/15/00--01021--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GART, DAVID A
 250 AUSTRALIAN AVENUE SOUTH
 SUITE 500
 WEST PALM BEACH FL 33401

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
FL

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 *David Gart* REGISTERED AGENT MUST SIGN Date 10/13/00

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 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: *David Gart*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/24/00 903-837-9991 Daytime Phone #

CR2E040 (8/00)