

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 22 AM 9:21

DOCUMENT # P98000022534

1. Corporation Name

THE ECLECTICAL REALTY GROUP - FLORIDA, INC.

900067455839
03/09/06--01019--013 **450.00

CR2E081 (12/05)

2. Principal Office Address
600 Sand Tree Dr.

3. Mailing Office Address
600 Sand Tree Dr.

Suite, Apt. #, etc.
Ste. 209

Suite, Apt. #, etc.
Ste. 209

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33403

Country

Zip
33403

Country

4. Date Incorporated or Qualified
To Do Business in Florida 3/6/1998

5. FEL Number
650818654

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
William DeMaria, Sr.

Street Address (P.O. Box Number is Not Acceptable)
5157 Robino Cr.

Suite, Apt. #, Etc.

City
West Palm Beach,

State
FL

Zip Code
33417

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 X *William DeMaria Sr.*

Date X 2/20/06

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
DP	William DeMaria, Sr.	5157 Robino Cr.	West Palm Beach, FL 33417

REINSTATEMENT *06/06*

10. 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 contained in Chapter 119, 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: X *William DeMaria Sr.*

WILLIAM DEMARIA SR
Date X 2/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

The Eclectical Realty Group-Florida, Inc.
600 Sand Tree Drive
West Palm Beach, FL 33403

February 17, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

RE: Reinstatement; P98000022534; Request for Fee Waiver

Dear Sir or Madam:

The entity represented by the above Document Number was administratively dissolved for lack of 2004 Annual Report. This is a request for waiver of the reinstatement fee applicable to the year of dissolution.

The entity moved with applicable forwarding instructions to the U.S. Postal Service during the period. Notwithstanding the described relocation circumstances, the entity, inclusive of via the Registered Agent, did not receive the Annual Report.

The entity has, until recent discovery of the facts of administrative dissolution, in all other respects, acted in good faith belief that it was registered with the Department in active standing. The applicable annual report would have been filed, but for lack of receipt and involvement with physical relocation.

Enclosed together with Reinstatement Form CR2E081, please find a check in the amount of U.S. \$450.00 for annual report and supplemental fees for 2004, 2005 and 2006. We request reinstatement to active status and a reflection of same in your records due to the circumstances described.

Thank you for your considerations and process.

Sincerely,



William DeMaria,
President