PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations					FILED 2012 APR 27 AM 8: 21						
DOCUMENT # K48048 1. Corporation Name FLORIDA REALTY OF OKALOOSA COUNTY, INC.										SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal Office Address - No P.O. Box # 26 HILLCREST DRIVE Suite, Apt. #, etc.					3. Mailing Office Address P.O. BOX 698 Suite, Apt. #, etc.							CR2E081	. (11/10)		
Juliu, 1 (pr. 11) 222.					Suite, Apr. #, etc.					Date Incorporated or Qualified To Do Business in Florida Nov . 29, 1988					
City & State SHALIMAR, FL					City & State SHALIMAR, FL					5,	FEI Numbe 59–29	r		Applied For Not Applicable	
zip 32579	Country UNITED STATES		ATES	zip 32579		Country		STATES	6		E OF STATUS DESIF		dditional Fee required		
7. Name and Address of Current Registered Agent															
Name KENNETH WARREN PHILLIPS															
Street Address (P.O. Box Number is Not Acceptable) 26 HILLCREST DRIVE											. 60	102324 72-01040	 3 <u>6</u> 98	1 <u>6.</u>	
Suite, Apt. #. Etc.											04/27	/1201U4u·	008 **	*1050.UU	
City SF	HALIM	1AR			State Zip Code FL 32579										
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent MUST SIGN											Date April 24, 2012				
9. Names and S	Street Ac	idresses	s of Each	Officer and	/or Director (Fl	orida nonprof	fit corpo	rations n	nust list at lea	ast 3	directors)		,		
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo								City / State /	Zip	
P/V/T KI	KENNETH WARREN PHILL				IPS 26 HILLCREST DRIVE				ORIVE			SHALIMAR	, FL 32	579	
								<u> </u>							
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10. E-mail Address: floridarealty@fla.gccoxmail.com (To be used for future adqual report polification)															
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #															