PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	INSTATEMENT		A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS		FILED 12 SEP 19 AM II: 21 SECRETARY OF STATE		
DOCUMENT # 446834 1. Corporation Name					TALLAHASSE		
CLAW REALTY, INC.							
				CLA	W REALTY IN		
2. Principal Office Addres		3. Mailing Office Address					
Suite, Apt, #, etc.		Suite, Apt. #, etc.		4. Date Incorp	CR2E081 (11/1	0)	
City & State		City & State		To Do Busii	ness in Florida	1-01-73	
Fort Walton	Beach, Fla.			5. FEI Numbe 59-151		Applied For Not Applicable	
Zip 32548	Country Okaloosa	Zip	Country	6. CERTIFICATI	E OF STATUS DESIRED	3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent							
Name Cynthia A. Wilcox							
Street Address (P.O. Box Number is Not Acceptable)				CLÁW REALTY INC.			
110 Perry Ave. Suite, Apt. #, Etc. Fort Walton Beach				400239789724 09/19/1201021005 **8.75			
City	ton Beach,		State Zip Code FL 32548	09/19/1201921995 **8.75			
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 Agent REGISTERED AGENT MUST SIGN Date September 14,							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) ———————————————————————————————————							
Titles	Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
Pres. Cynt	res. Cynthia A. Wilcox		110 Perry Ave.		Ft. Walton B	each,F1.32548	
V.P. Laur	Laura B. Wright		110 Perry Ave.		Ft. Walton B	ēach,Fl.32548	
I ASSILLATION IN A STATE OF THE PARTY OF THE		المالاة الأسطان سخياته	SEP 2 0 2012 03		0023978 9/12-01021-1	9724 06 **900.00	
R	. ٧ ۽ قسم ساھ عمل ان	A A A	T. SCOTT				
l & write o centery link not							
10. E-mail Address: 1 Dwrite@centurylink.net & Lowrite@centurylink.net & Lowrite@centurylink.net							
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 DIRECT	FOR	Date	Daytime Phone #	