PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	RIDA DEPARTMENT OF STATE Secretary of State division of corporations	FILED 06 APR -3 PH 3: 45
DOCUMENT # 577797 1. Corporation Name		FALL SHASSLE, FLORIDA
Claude Allen Realty, Inc.	•	
2. Principal Office Address 3. Ma	ailing Office Address	1 A STATE OF THE STATE OF A LACE
1342 Colonial Blvd. 134	12 Colonial Blvd.	CR2E081 (12/05)
Suite, Apt. #, etc. Suite,	Apt. #. etc.	
Suite B-901 Sui	ite B-901	4. Date Incorporated or Qualified To Do Business in Florida July 1, 1978
City & State City &	State	To Do Business in Florida July 1, 1978
Fort Myers, Florida För	rt Myers, Florida	5. FEI Number 59–1869887 Applied For Not Applicable
Zip Country Zip US 3	Country US	6. CERTIFICATE OF STATUS DESIRED X \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Claude I. Allen, Jr.		
Street Address (P.O. Box Number is Not Acceptable) 1248 Burtwood Dr.		
Suite, Apt. #, Etc.		
City Fort Myers		State Zip Code 33901
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 Date 3/36/66 REGISTERED AGENT MUSTISIGN		
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	
PVD Claude I. Allen, Jr.	1248 Burtwood Drive	Fort Myers, FL 33901
167415		600070446336
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date		