PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 SEP -5 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765561

1. Corporation Name

Florida Chapter No. 26 of the Realtors Land Institute of the National Association of Realtors, Inc.

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
2918 W. Kennedy Blvd.		2918 W. Kennedy Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, Florida		City & State: Tampa, Florida	
Zip: 33609	Country: US	Zip: 33609	Country: US

4. Date Incorporated or Qualified To Do Business In Florida: 10/26/1982

5. FEI Number: 59-2288578 ☐ 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: Don Lombardi

Street Address (P.O. Box Number is Not Acceptable): 4904 Eisenhower Boulevard

REINSTATEMENT

Suite, Apt. #, Etc.: Suite 150

City: Tampa | State: FL | Zip Code: 33634

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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: Donald R. Lombardi
REGISTERED AGENT MUST SIGN

Date: 8-22-06

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
PD	Don Lombardi	4904 Eisenhower Blvd, Suite 150	Tampa, Florida 33634
D	Danny Smith	1102 N. Main Street	Wildwood, Florida 34785
D	Bill Eshenbaugh	2502 N. Rocky Point Drive, Suite 615	Tampa, Florida 33607
TD	Robert Buckner	11 N. Main Street	Brooksville, Florida 34601
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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: Donald R. Lombardi Don Lombardi 8-22-06 (813) 505-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #