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2006 OCT 25 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000000081

1. Corporation Name

EXPERT REAL ESTATE SERVICES, INC.

REINSTATEMENT 06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
3155 SW 10th STREET	3155 SW 10th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH, FL	City & State: DEERFIELD BEACH, FL
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: JANUARY 5, 2005

5. FEI Number: 830397053 ☐ 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: EDWIN D. JOHNSON

Street Address (P.O. Box Number is Not Acceptable): 3155 SW 10th STREET

Suite, Apt. #, Etc.:

City: DEERFIELD BEACH, FL State: FL Zip Code: 33442

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 OCTOBER 24, 2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DC	GLENN COHEN	8201 PETERS ROAD	PLANTATION, FL 33324
P	BRIAN SHAPIRO	3890 BRAGANZA AVENUE	COCONUT GROVE, FL 33133
ST	EDWIN D. JOHNSON	14301 LURAY ROAD	SOUTHWEST RANCHES, FL 33330

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 _____ EDWIN D. JOHNSON OCTOBER 25, 2006 954-313-2102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:
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Account Number : I20000000195
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CORPORATION REINSTATEMENT

EXPERT REAL ESTATE SERVICES, INC.

Certificate of Status	0
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