PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED 06 MAR 22 PH 12: 57 SECKET: TALLAHASSE GILCONDA

DOCUMENT #	F 10373
DOCUMENT #	F 1037

1. Corporation Name

The Dot Realty Corporation

					`		
2. Principal	Office Addre	955	3. Mailing Office Addres	55		ATTEMIEN	m ou ou
6010	SAI	lders st.	679 RABBI	ss + CreeKLAR	# 0 #F10000 0 T	CH2E081 (12/05)	10 07-06
Suite, Apt. #,	etc.		Suite, Apt. #, etc.				WC
<u></u>	ite	F	Thousand OA	Ks C1.91320	4. Date Incorporated or To Do Business in Fl	Qualified //-	13-80
City & State			City & State -	1	8 55144 -1		<u> </u>
re NA	ACOL	-4		√-,A	5. FEI Number 57 4	186	- Applied For
Zip		Country	Zip	Country			Not Applicable
3250	24	ESCAMBIA	·	·	CERTIFICATE OF STATE	JS DESIRED 38.75	Additional Fee required a Certificate of Status
			7. Name and A	ddress of Current Register	ed Agent	COMMENT OF THE PROPERTY OF THE	
	Name Do	rothy A.	Greene				
Street Address (P. O. Box Number is Not Acceptable)							
Suite Apt. #, Etc. HENSACULA FL 32504							
lī	Cin				Ctato	Zin Codo	

	City /		State	Zip Code	
8. I, being Signature of Registered	10 1 4	ration, am familiar with and accept the obligations of sections. ENT MUST SIGN		05 or 617.0503, F.S. 3-14-06	
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 91300	
\mathcal{D}_{-}	Joseph H Greak	679 RalBitCreek Love	-Tho		
P15	Dorothy A Great	679 Robbit Gecklose	-tho	45ANDAK5 CA4720	
	,			,	
		50 04/05/	06-01 06-01	:9539005 1034025 **458.75	
		npowered to execute this application as provided for in cha			

ne same legal effect as if made under oaus.

Dorothy A. Greene 3-14-06 - 8053

Date Daytime Pho 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

2005

THE DOT REALTY CORP. 679 RABBIT CREEK LANE THOUSAND OAKS, CA 91320

Request taken by: gblankenbaker 03-08-2006 (feer notifying	attai m	y Blanks	entaken
Request taken by: gblankenbaker 03-08-2006	- war link	2 my MOVING	and address
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change regardin	is mading and	retion ha o	10044.2005-
Notice Rur never	wal of my corp.	per il seinole	itement your
Plane, I req	west a war	J- Not 1	ecoiving any
O3-08-2006 lifter satisfying change regarding whitee for series please. I see The forms you recently requested	d from this office are: $lpha$	as to the	annual report
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(1) 203. Reinstatement (Corp)		due date	1 : mestata-
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ment along with	7 N + 8.75	- Then	& Zperfa
(1) 203. Reinstatement (Corp) Dam enclosing a ment along with		your	conselledellon
Should you have any questions or r	eed any further informat	tion,	De Tream
please contact us at the address be			

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314