

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 19 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001058

1. Corporation Name

EXCLUSIVE PROPERTIES GROUP, INC.

2. Principal Office Address

301 Richey Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 492722

Suite, Apt. #, etc.

City & State

Leesburg, Florida

City & State

Leesburg, Florida

Zip

34748

Country

USA

Zip

34749

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-19-03

5. FEI Number

593478479

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

Charles D. Johnson

Street Address (P.O. Box Number is Not Acceptable)

907 Webster Street

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

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**

Charles D. Johnson
REGISTERED AGENT MUST SIGN

Date 03-18-03

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
PSTD	Vance Moore	35414 Old Lake Unity	Fruitland Park, FL 34731

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 under section 119.07(3)(i), 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

3-18-03

Date

(352) 787-2208

Daytime Phone #

CR2E081 (10/02)

js 3/20