PLEASE READ ALLINSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham Secretary of State? REINSTATEMENT 00 JUL 31 PM 1:47 DIVISION CORP G94461 DOCUMENT # SECRETARY OF STATE.
TALLARAGGE, FLORIDA 1. Corporation Name EXECUTIVE, INC. HOMES, CONDOS & INVESTMENTS Mailing Address Principal Place of Business 132 ISLAND WAY 132 ISLAND WAY CLEARWATER FL 34630 CLEARWATER FL 34630 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 04/03/1984 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2390710 Not Applicable 6. \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip SEITHER, KIMBERLY ANN 240 WINDWARD PASSAGE, #804 CLEARWATER FL SUBKO, REGINA ROCHELE 2331 NORTHEAST 49TH STREET LIGHTHOUSE POINT FL SEITHER, ELIZABETH C. 240 WINDWARD PASSAGE #804 CLEARWATER FL 700003351547--2 -08/09/00--01097--014 ***1050.00 ***1050.00 8. Name and Address of Current Registered Agent SEITHER, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 132 ISLAND WAY Suite, Apt. #, Etc. CLEARWATER FL 34630 City State Zip Code 10. I, being appointed the registered agent of the above named comporation, am fagilifar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 7-28-00 This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. 12. 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 it made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR