
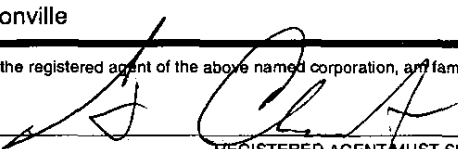
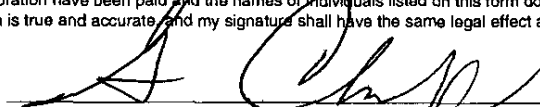


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 FEB -5 PM 2:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>JS4353</u>				
1. Corporation Name Great Atlantic Realty, Inc.				
2. Principal Office Address 2805 Wycombe Drive West		3. Mailing Office Address 2805 Wycombe Drive West		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Jacksonville, Florida		City & State Jacksonville, Florida		
Zip 32277	Country USA	Zip 32277	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 01/26/87				
5. FEI Number 59-2774790			Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent				
Name Gary M. Clark				
Street Address (P.O. Box Number is Not Acceptable) 2805 Wycombe Drive West				
Suite, Apt. #, Etc.				
City Jacksonville		State FL	Zip Code 32277	
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 02/04/04		
REGISTERED AGENT MUST SIGN				
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	
PS	Gary M. Clark	2805 Wycombe Drive West	Jacksonville, Florida 32277	
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: 		Date 02/04/04	904-745-5755	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2001 (01/04)