

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY 13 PM 2:30

DOCUMENT # K99935

1. Corporation Name

SOUTH FLORIDA REAL ESTATE
SERVICES CORP.

2. Principal Office Address

5046 ELLIPSE COURT

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34104

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Country

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

07/1989

5. FEI Number

650216357

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

KELLY MAGHER

400055194894

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

5046 ELLIPSE COURT

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

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

Kelly Magher

Date

4/30/05

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
P	KELLY MAGHER	5046 ELLIPSE COURT	NAPLES, FL 34104

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:

Kelly Magher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/05

Daytime Phone #

239-595-0594

CR2E061 (01/05)