

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations
L01000019915

FILED
02 NOV 22 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019915

Name and Mailing Address

0000707 01 FP 0.352 **PRSR T3 0 0615 32801-347225



REIS SEARCH ASSOCIATES, LLC
201 SOUTH ORANGE AVENUE, SUITE 950
ORLANDO FL 32801-3472



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 201 SOUTH ORANGE AVENUE, SUITE 950 ORLANDO FL 32801-3421		5. Date Organized or Qualified To Do Business in Florida 11/14/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3757473	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent GALLOGLY, DANIEL J 201 SOUTH ORANGE AVENUE, SUITE 950 ORLANDO FL 32801-3421		9. Name and Address of New Registered Agent Name Street Address (P.O. Box is not acceptable) 11/22/02--01073--002 **150.00 City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Daniel J. Gallogly Date 11-18-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GALLOGLY, DANIEL J	201 SOUTH ORANGE AVENUE, SUITE 950	ORLANDO FL 32801-3421

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Daniel J. Gallogly Date 11-18-02 Daytime Phone # 407-841-6930

Typed or printed name of signing Managing Member/Manager Daniel J. Gallogly