1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -7 AM 10:46

DOCUMENT # P00000012915

1. Corporation Name
R.E.S. Management INC

2. Principal Office Address	**3.** Mailing Office Address
1052 Montgomery Rd	1052 Montgomery Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
103	103
City & State	City & State
Altamonte Springs FL	Altamonte Springs FL
Zip / Country	Zip / Country
32714 / U.S.	32714 / US

000034376960
04/28/04--01014--017 **608.75

4. Date Incorporated or Qualified To Do Business in Florida 02/07/00

5. FEI Number 59-3622488 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert Schraw

Street Address (P.O. Box Number is Not Acceptable): 243 Mosswood CIR

Suite, Apt. #, Etc.:

City: Winter Springs | State: FL | Zip Code: 32708

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 R.E.Sch Date 4/05/04

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
P,S	Robert Schraw	243 Mosswood CIR Winterspgs FL	32708
V,T	JOANN Schraw	243 Mosswood CIR	Winter Springs, FL 32708
	REINSTATEMENT	01-04	

10. I certify that I am an officer or director of 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: R.E.Sch R.E.Schraw 04/05/04 407-327-9283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/05/04

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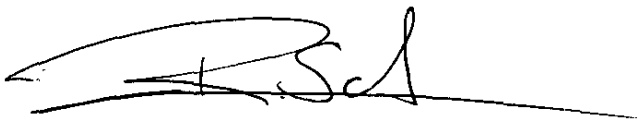
TO whom it may concern

I Robert Schraw did not receive MY 2001 thru 2004 annual reports for R.E.S. Management INC.

Thanks



Phone: 407-491-4425

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