FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY -5 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000027454

1. Corporation Name
FLORIDA'S FIRST CHOICE-IN-REALTY, Inc.

2. Principal Office Address	3. Mailing Office Address
27247-A U.S. 54	P.O. Box 598
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel, FL	City & State: Tarpon Springs, FL
Zip: 33543 Country: PASCO	Zip: 34688 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 03/07/2000

5. FEI Number: 593315980 ☐ 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: RICHARD GILBERT

Street Address (P.O. Box Number is Not Acceptable): 27245 - U.S. 54

Suite, Apt. #, Etc.:

City: Wesley Chapel State: FL Zip Code: 33543

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: [signature] Date: May 4, 2003

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres.	RICHARD GILBERT	27245 U.S. 54	Wesley Chapel, FL 33543
		700035534127 05/05/04--01045--012 **900.00	
		700035534127 05/05/04--01045--013 **8.75	

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: [signature] May 4 2004 (813) 477-8126

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

CR2E081 (01/04)