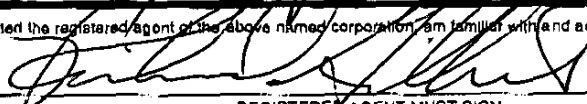
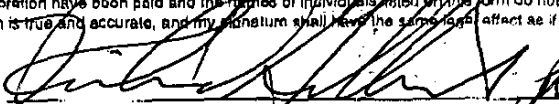


FILED
THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 MAY -5 PM 12: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P 000000 27454					
1. Corporation Name FLORIDA'S FIRST CHOICE - IN - REALTY, INC.					
2. Principal Office Address 27247 - ST. RD # 54 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 598 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business In Florida 03/07/2000	
City & State Wesley Chapel, FL		City & State TARPON SPRINGS, FL		5. FEI Number 593315980 Applied For Not Applicable	
Zip 33543 County PASCO		Zip 34688 Country		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 - ST. RD # 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  DATE May 4, 2003 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Pres.	RICHARD GILBERT	27245 ST. RD # 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)(b), 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 May 4 2004 (013) 477-8126 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					