


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 12 PM 3:25

DOCUMENT # **P0000032484**

1. Corporation Name

THE REAL ESTATE GALLERY, INC.

Principal Place of Business

Mailing Address

125 E. COPELAND DR.
 ORLANDO FL 32806

125 E. COPELAND DR.
 ORLANDO FL 32806



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~17 N. Summerlin Ave~~
 Suite, Apt. #, etc.

~~17 N. Summerlin Ave~~
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

03/27/2000

City & State

City & State

Orlando, FL

Orlando, FL

Zip Country
 32801 USA

Zip Country
 32801 USA

5. FEI Number

59-3644231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	Dahilton A. Bennington	627 NE 15th Ave	Ft. Lauderdale, FL 33304
			9000004736219--0 -12/24/01--01003--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSTON, EDWARD D
 125 E. COPELAND DR.
 ORLANDO FL 32806

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent 

REGISTERED AGENT MUST SIGN

Date 11/20/01

11. 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:  Dahilton A. Bennington 11/20/01 954 351 8407
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)