PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 05, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P00000067368

1. Corporation Name

REALTY GROUP AND TRUST, INC.

REINSTATEMENT 04-06

2. Principal Office Address
5916 Fortune Place

3. Mailing Office Address
5916 Fortune Place

CR2E081 (12/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 7/11/2000

City & State
Apollo Beach, Fl

City & State
Apollo Beach, Fl

5. EEI Number 59-3675244

☐ Applied For
☐ Not Applicable

Zip 33572 Country US

Zip 33572 Country US

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name William S. Musgrave

Street Address (P.O. Box Number is Not Acceptable)
5916 Fortune Place

Suite, Apt. #, Etc.

City Apollo Beach, Fl

State FL Zip Code 33572

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 _____
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	William S. Musgrave	5916 Fortune Place	Apollo Beach, Fl 33572
D	Daniel A. McDonald	2821 Gulf City Road	Ruskin, Fl. 33570
			800076253898 06/16/06--01015--023 **1059.75

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 contained in Chapter 119, 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: _____ 6/1/06 813-649-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #