PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith **FOR** FILED Secretary of State DIVISION OF CORPORATIONS 02 NOV - 1 AH 8: 09 P01000020386 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA EXECUTIVE REALTY GROUP, INC. Principal Place of Business Mailing Address 6847-JUSTIN COURT 6847 JUSTIN COURT PORT ORANGE FL 32124 PORT-ORANGE EL 32124 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 Appli Date Incorporated or Qualified
To Do Business in Florida AIRPORT 5889 AIRANT 02/22/2001 Suite, Apt. #, etc. 5. FEI Number Applied For Not Applicable Zip 32128 \$8.75 Additional Fee required Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director PST TOUTOUNCHIAN, ALIREZA L 6847 JUSTIN COURT PORT ORANGE FL 32124 200008763572 1/01/02--01097--011 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent TOUTOUNCHIAN, ALIREZA L Street Address (P.O. Box Number is Not Acceptable) **6847 JUSTIN COURT** PORT ORANGE FL 32124 Suite, Apt. #, Etc. 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. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 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. ALIRETA LEE JOUTOUNCHIAN

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

10-29-2002 386-761-9200



October 30, 2002

RE; REINSTATEMENT/ DOC#P01000020386

DIVISION OF CORPORATIONS ANNUAL REPORT/REINSTATEMENT SECTION P.O. BOX 6327 TALLAHASSEE, FL. 32314-6327

To Whom It May Concern:

I, Alireza Lee Toutounchian, Officer/Director for Executive Realty Group, Inc. confirm that neither I or any of my associates ever received the two prior Uniform Business Report notices. Would you please reinstate my corporation at once. I am providing you with my new mailing and business address on the application. I am also enclosing the completed application along with a \$158.75 check for the required reinstatement and status certification fee.

Thank you for your assistant in this matter and please don't hesitate to call with any questions that you may have.

Sincerely,

Lee Toutounchian Officer/Director

