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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 13 PM 1:11

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000020598

1. Corporation Name

LIFESTYLES REALTORS, INC.

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1400 Marsh Landing Parkway	1400 Marsh Landing Parkway
Suite, Apt. #, etc.: Suite 112	Suite, Apt. #, etc.: Suite 112
City & State: Jacksonville Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32250 Country: USA	Zip: 32250 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/26/2001

5. FEI Number: 593701106 ☐ 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: Michael W. Bugg

Street Address (P.O. Box Number is Not Acceptable): 1400 Marsh Landing Parkway

Suite, Apt. #, Etc.: Suite 112

City: Jacksonville Beach State: FL Zip Code: 32250

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: Michael W. Bugg REGISTERED AGENT MUST SIGN Date: 7/11/2006

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
DIR	Michael W. Bugg	1400 Marsh Landing Parkway, Suite 112	Jacksonville Beach, FL 32250

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: Michael W. Bugg 7/11/06 (904) 273 7300

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

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

CORPORATION REINSTATEMENT

LIFESTYLES REALTORS, INC.

Certificate of Status	0
Certified Copy	0
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