PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 11 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000022117

1. Corporation Name

Florida eRealty, Inc.

2. Principal Office Address	**3.** Mailing Office Address
120 East Oakland Park Blvd.	16446 Mariposa Cir. N
Suite, Apt. #, etc.: 105-102	Suite, Apt. #, etc.:
City & State: Fort Lauderdale, FL	City & State: Pembroke Pines, FL
Zip: 33334 Country: Broward	Zip: 33331 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: March 1, 2001

5. FEI Number: 65-1076638 ☐ 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: Jacob C. Benjamin

Street Address (P.O. Box Number is Not Acceptable): 16446 Mariposa Cir. N

Suite, Apt. #, Etc.:

City: Pembroke Pines State: FL Zip Code: 33331

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 December 6, 2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
CEO	Jacob C. Benjamin	16446 Mariposa Cir. N	Pembroke Pines, FL 33331

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)(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: Jacob C. Benjamin JACOB C. BENJAMIN Dec. 6, 02 954-680-4663

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

JF 12/12

December 6, 2002

Jacob C. Benjamin
Florida eRealty, Inc.
16446 Mariposa Cir. N
Pembroke Pines, FL 33331

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement; Change of address, and Wavier of Doc. # P01000022117

Dear Sir/Madam:

I am writing this letter to notify you that my address has change and that I never received a Uniform Business Report form. Please find along with this letter the following:

1. A copy of Corporation Reinstatement form
2. A copy of the Uniform Business Report
3. A check for the amount of $150.00

Please also update my mailing and corporation address:

Old address (Principal place of Business and Mailing address):
59 73 NW 16th
Sunrise, FL 33313

New Principal Place of Business Address:
120 East Oakland Park Blvd.
Suite 105-102
Fort Lauderdale, FL 33334

New Mailing Address:
16446 Mariposa Cir. N
Pembroke Pines, FL 33331

I also request that you kindly waive my late fee and reinstate the corporation. I thank

Sincerely,

Jacob C. Benjamin