## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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AFPLICATION REINS TEMENT	

## FLORIDA DEPARTMENT OF STATE

## Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PO1	10	00	08	40	7(	U
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1. Corporation Name

ONE WAY REALTY SERVICES INC.

Principal Place of Business

Mailing Address

1207 SE PALM BEACH ROAD PORT ST LUCIE FL 34952

1207 SE PALM BEACH ROAD PORT ST LUCIE FL 34952

FILED

02 OCT 25 PM 4: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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				4. Date Incorpo	Date Incorporated or Qualified				
2. 146H 1 Histopar Office Address, it Application				, , , , , , , , , , , , , , , , , , ,		To Do Business in Florida 08/24/2001			
Suite, Apt. #, etc. Suite, Apt.		. #, etc.			5. FEI Number				
City & State City & State					te	65-1136290			
Zip	Country	Zip	····	Country	6. CERTIFICATE		Additional Fee required a Certificate of Status		
7. Names and S	treet Addresses of Each Officer ar	d/or Director (	Florida nonprofit	corporations must list at I	east 3 directors)				
Title(s) Name of Officers and/or Directors 3			3	Street Address of Each Officer and/or Director  City / State		o / Zip			
P E	ELLEN M. STIER	PLN	1207	SE PALM E	BEACH RD	PORT ST. LUCI	E FL 34952		
							<i></i>		
				ng	10/257	00008584 201014011 **	158.75		
					11110	1			
					Occ.	<u> </u>			
	8. Name and Address of Curre	nt Registered /	Agent	Name	9. Name and Address of New Registered Agent				
STIERLIN, ELLEN					(D.O. Bay Number	is Net Assentable)			
1207 SE PALM BEACH ROAD			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
				Suite, Apt. #, Etc.					
				City	City State Zip Code				
10. I, being app	ointed the registered agent of the	above named co	orporation, am fa	miliar with and accept the	obligations of Section	on 607.0505, F.S. or 617.0505,	F.S.		
Signature of Registered Ager	n_ESUENA	MUNICAL REGISTERED	AGENT MUST	CUBAD SIGN		Date /0-22-0	2		
11. I certify that	I am an officer or director or the rement application, the reason for di	ceiver or trustee	e empowered to	execute this application a	s provided for in cha	pter 607 or 617, F.S. I further co	ertify that when filing		

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Ellen M. Stierlin



## One Way Realty Services Inc.

1207 SE Palm Beach Rd Port St. Lucie, FL 34952-5316

Phone: (772) 337-1191 Cell: (772) 486-1361

10-22-02

Department of State

**Division of Corporations** 

409 East Gaines Street

Tallahassee, FL 32399

I have not received previous UBR notices and I would like to apply for reinstatement.

Attached to this letter are the 2002 Uniform Business Report, the Application for reinstatement and a fee of \$150.

Sincerely,

Ellen M. Stierlin

One Way Realty Services, Inc.

Ellen M. Otierlin