1/2/

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				•	
5163					-
Russell Sage Realty, Inc.					
Principal Office Address  3. Mailing Office Address  4350 W. Cypress St.  ite, Apt. #, etc.  Suite, Apt. #, etc.		REINS	TA	TEMENT OF	1-05
Suite, Apt. #, etc. Suite 300		4. Date Incorporated or Qualified To Do Business in Florida 8/28/01			
Tampa, FL		5. FEI Number Applied For Not Applied For Not Applied For			
<sup>Zip</sup> 33607	USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Russell Sage Sampson					
Street Address (F.O. Sox Number is Not Acceptable) 4350 W. Cypress St.					
Suite 500					
Tampa				<i>3</i> 3607	
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 Pursull Samuel Date 10/31/05  REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Street Address of Each Officer and/or Director			City / State / Zip		
oson 4350	W. Cypress S	St. #300	300 Tampa, FL 33607		
			10101 12705-	061101670 -01007012 ***30	0.00
	·			<u> </u>	31.00
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: Russell Sampson Russell SAMPSON 10/31/05 813-221-2290 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRIS 2 dept Date Daytime Phone #					
	Secretar DIVISION OF CO  5163  3. Mailing Office Addre 4350 W. Cyp Suite, Apt. #, etc. Suite 300 City & State Tampa, FL Zip 33607  7. Name and A  OPSON OF Acceptable) St.  Ver named corporation, am in Column has been eliminated, names of individuals listed of gnature shall have the same	Secretary of State DIVISION OF CORPORATIONS  3. Mailing Office Address 4350 W. Cypress St. Suite, Apt. #, etc. Suite 300 City & State Tampa, FL Zip Country USA  7. Name and Address of Current Register  TOPSON OF Agreeptable) St.  We named corporation, am familiar with and accept the officer and/or Director  OSON 4350 W. Cypress  Wer or trustee empowered to execute this application as postumental based on this program of Each Officer and/or Director  OSON Cypress  Were or trustee empowered to execute this application as postumental based on this program of the corporation of th	Secretary of State DIVISION OF CORPORATIONS  3. Mailing Office Address 4350 W. Cypress St. Suite, Apt. #, etc. Suite 300 City & State Tampa, FL Zip 33607 USA  7. Name and Address of Current Registered Agent  INDSON ON CONTROL OF CORPORATIONS  Street Address of Each Officer and/or Director  DSON 4350 W. Cypress St. #300  4. Date Incomposed St. S. FEI Number 59-374: 6. CERTIFICATE ST. Name and Address of Current Registered Agent  INDSON ON CONTROL OF CORPORATIONS  Street Address of Each Officer and/or Director  DSON 4350 W. Cypress St. #300  Link Corporation as provided for in chapter of the Corporate name satisfies the requirements are all individuals listed on this form do not qualify for an exemption under gnature shall have the same legal effect as if made under oath.  SWASON  RUSSUL SAMPSon	Secretary of State DIVISION OF CORPORATIONS  3. Mailing Office Address 4350 W. Cypress St. Suite, Apt. #, etc. Suite 300 City & State Tampa, FL Zip 33607 USA  7. Name and Address of Current Registered Agent  INPSON OF Agreeptable)  State FL  We named corporation, am familiar with and accept the obligations of section 607.05  Street Address of Each Officer and/or Director  DISON 4350 W. Cypress St. #300 Tam  COUNTY  Street Address of Each Officer and/or Director  DISON ASSON ASSON Cypress St. #300 Tam  COUNTY	Secretary of State DIVISION OF CORPORATIONS  5163  3. Mailing Office Address 4350 W. Cypress St. Suite, Agt. 4, etc. Suite 300 City & State Tampa, FL Zip 33607 Country 33607 Country 33607 Country 33607 Country 33607 F. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  INDIPOSON Organization Organi

11/200

RUSSELL SAGE REALTY, INC. DOCUMENT #P01000085163 CORPORATION REINSTATEMENT

**Request for Waiver of Reinstatement Fees** 

The above-named corporation respectfully requests a waiver of the reinstatement fees relating to the 2004 and 2005 Corporate Annual Reports. Renewal notices were not received for either year.