

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 14 PM 12:26

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000105672
1. Corporation Name **3NR Realty, inc**

REINSTATEMENT 03-04

2. Principal Office Address **3805 NW 107th Way**
Suite, Apt. #, etc.
City & State **Sunrise, FL**
Zip **33351** Country **Broward**

3. Mailing Office Address **3805 NW 107th Way**
Suite, Apt. #, etc.
City & State **Sunrise, FL**
Zip **33351** Country **Browa**

700033473857
4/21/04--01071--021 **300.00

4. Date Incorporated or Qualified To Do Business in Florida **11/01/01**

5. FEI Number **651149740** 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 **Nicole A. Walker**
Street Address (P.O. Box Number is Not Acceptable) **3805 NW 107th Way**
Suite, Apt. #, Etc.
City **Sunrise** State **FL** Zip Code **33351**

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 *Nicole Walker* Date **4/10/04**
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|--------------------|
| P | Nicole Walker | 3805 NW 107 th Way | Sunrise, FL 33351 |
| V | Neville Royes | 3805 NW 107 th Way | Sunrise, FL 33351 |
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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: *Nicole Walker* Date **4/10/04** Daytime Phone # **(954) 818-2630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

418-661-3111

LEADERSHIP

DEPARTMENT OF COMMUNITY DEVELOPMENT

1000 P. Street

1000 P. Street

Shole Walker
President