PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P01000108323 DOCUMENT

1. Corporation Name

OCALA REALTY INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

PO BOX 3896

PO BOX 3896

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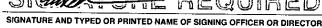
SEUNLIARY OF STATE TALLAHASSEE, FLORIDA 200008818602 11/06/02--01031--010 **750.00.

344/8-3856	OCALA FL 34		REMSTATE		
incipal Office Address, If Applicable			Date Incorporated or Qualified		
#, etc.	Suite, Apt. #,	etc.		11/09/2001	
е	City & State		01-0556178	Applied For Not Applicable	
Country	Zip	Country	6. CERTIFICATE OF STATUS DES	RED S8.75 Additional Fee required for a Certificate of Status	
	nd/or Director (Flo				
Title(s) and/or Directors				City / State / Zip	
DPST FRANCO, MICHAEL J		PO BOX 3896	OCALA FL 3	OCALA FL 34478	
			1 11 1 1 3		
8. Name and Address of Currer	nt Registered Age	nt	9. Name and Address of New	Registered Agent	
SISSON, LARRY 218 SOUTHERN COUNTRY LN. QUINCY FL 32351			Name Michael J. Franco Street Address (P.O. Box Number is Not Acceptable) 313 S. Magnolia Avenue Suite, Apt. #, Etc. City Ocala State Zip.Cpde 34474		
	#, etc. Country and Street Addresses of Each Officer a Name of Officers and/or Directors FRANCO, MICHAEL J 8. Name and Address of Currer N, LARRY DUTHERN COUNTRY LN.	#, etc. Suite, Apt. #, Ee City & State Country Zip and Street Addresses of Each Officer and/or Director (Florand/or Directors) FRANCO, MICHAEL J 8. Name and Address of Current Registered Agenty, LARRY DUTHERN COUNTRY LN.	#, etc. Suite, Apt. #, etc. City & State Country and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at 1) Name of Officers and/or Directors PO BOX 3896 8. Name and Address of Current Registered Agent N, LARRY DUTHERN COUNTRY LN. Y FL 32351 Suite, Apt. #, Etc.	addresses are incorrect in any way, line through incorrect information and enter correction below. incipial Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5. FEI Number 01-0556178 6. CERTIFICATE OF STATUS DES and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 2. Name of Officers 2. Name of Officers 3. Street Addresses of Each Officer and/or Directors 4. FRANCO, MICHAEL J PO BOX 3896 OCALA FL 3 8. Name and Address of Current Registered Agent N, LARRY DUTHERN COUNTRY LN. Y FL 32351 Street Address (P.O. Box Number is Not Acceptable) 3. Name of Address (P.O. Box Number is Not Acceptable) 3. Name of Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Suite, Apt. #, Etc.	

11. 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 filling 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 of Registered Age



REGISTERED AGENT MUST SIGN

Michael J. Franco

352-351-9800 11/4/02

11/4/02