

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500037432885
05/28/04--01049--030 **150.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P020000 33354**

1. Corporation Name

FL REALTY MANAGEMENT, INC

2. Principal Office Address

5712 HOLLYWOOD BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip

33021

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3-27-02

5. FEI Number

33-1065802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Ira Price

Street Address (P.O. Box Number is Not Acceptable)

3389 Sheridan St

Suite, Apt. #, Etc.

Suite 248

City

Hollywood

State

FL

Zip Code

33021

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

[Signature]

Date

5-13-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officer and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|------------|----------------------------------|--|----------------------------|
| PSD | MARGUIA, ANNETTE C | 5712 HOLLYWOOD BLVD | HOLLYWOOD, FL 33021 |
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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 taxes 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)(b), F.S. The information included on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE

[Signature]
ANNETTE C. MARGUIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-04

DATE

954-987-7300

OFFICE PHONE #

CH2001 (5/04)