2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000034591

1. Entity Name
MARCO ISLAND REAL ESTATE CENTER INC.

FILED
05 SEP 28 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09252005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
1811A SAN MARCO RD MARCO ISLAND, FL 34145	1811A SAN MARCO RD MARCO ISLAND, FL 34145

2. Principal Place of Business	3. Mailing Address
1811A San Marco Rd Suite, Apt. #, etc. —	1811A San Marco Rd Suite, Apt. #, etc. —
City & State: Marco Island, FL	City & State: Marco Island, FL
Zip: 34145 Country: USA	Zip: 34145 Country: USA

4. FEI Number: 47-0864092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLLARA, FRANK C 1811A SAN MARCO RD MARCO ISLAND, FL 34145	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEE, CYNTHIA J 1811A SAN MARCO RD MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700080205877 10/04/05--01025--011 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHMD POLLARA, GINA M 1811A SAN MARCO RD MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 05	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCP 9/24/05 239 777-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #