


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB -3 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-05

We did not receive the prior notices of dissolution as our office had moved. Please accept our payment of \$450 to reinstate + \$75

DOCUMENT # PO2000048517

1. Corporation Name Investor's Realty Source Inc.

2. Principal Office Address
2131 Hollywood Blvd.
Suite, Apt. #, etc.
Suite 201
City & State
Hollywood, FL 33020
Zip
33020 Country
USA

3. Mailing Office Address
1928 S. Ocean Dr.
Suite, Apt. #, etc.
Apt. 405
City & State
Hallandale Beach, FL
Zip
33009 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 05/02/2002

5. FEI Number 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 Paul D. Regan

Street Address (P.O. Box Number is Not Acceptable)
16900 N Bay Rd. #2506

Suite, Apt. #, Etc.

City Sunny Isles Beach State FL Zip Code 33160

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.9503, F.S.

Signature of Registered Agent [Signature] Date 2/2/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PA/D</u>	<u>Paul D. Regan</u>	<u>1928 S. Ocean Dr. # 405</u>	<u>Hallandale Beach, FL 33009</u>

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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: [Signature] Date 2/2/05 Daytime Phone # 954-444-4902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (01/05)