

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 17 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064392

1. Corporation Name

EXIT REALTY DIRECT, INC

6862 W. ATLANTIC BLVD
6862 W. ATLANTIC BLVD

2. Principal Office Address

6862 W. ATLANTIC BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

6862 W. ATLANTIC BLVD

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

City & State

MARGATE, FLORIDA

Zip

33063

Country

USA

Zip

33063

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06/11/2002

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

ST LOUIS, HARRY A.

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

19426 BLACK OLIVE LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

Date

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
V	ST LOUIS, HARRY A.	19426 BLACK OLIVE LANE	BOCA RATON, FL 33498
P	MAXWELL, JOCELYNE	19426 BLACK OLIVE LANE	BOCA RATON, FL 33498

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:

Harry A. Louis

9/13/04

Date

(954) 956 8388

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED81 (01/04)



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Monday, September 13, 2004

To whom it may concern,

To the reinstatement form is join a \$300 check, can you please ~~and~~ make an exception since we did not receive the annual report for 2003 due to change of address.

I am thinking you in advance for your consideration

May any information be needed, please contact Harry St Louis or Jocelyne Maxwell at the office (954) 956-8388.

Sincerely,

A handwritten signature in cursive script that reads "Jocelyne Maxwell".

Jocelyne Maxwell