Page 1st 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETIN 3 THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -9 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073115

1. Corporation Name
S&A Real Estate Consultants

2. Principal Office Address	3. Mailing Office Address
2175 NW 173rd Terrace	2175 NW 173rd Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33056 Country: US	Zip: 33056 Country: US

300025528493
12/16/03--01044--023 **158.75

4. Date Incorporated or Qualified To Do Business in Florida: 07/03/02

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: Steven Simpkins

Street Address (P.O. Box Number is Not Acceptable): 2175 NW 173rd Terrace

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33056

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: Steven Simpkins Date: 12/8/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
CEO	Steven Simpkins	2175 NW 173rd Terrace	Miami Florida 33056
Pres.	Alonzetta Simpkins	2175 NW 173rd Terrace	Miami Florida 33056
Sec	Elizabeth Scott	2001 NW 191st Street	Miami Florida 33056

03

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: Alonzetta Simpkins 12/8/03 786-295-2634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #