

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 30 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000076137

1. Corporation Name

Property Locators & Renovators, Inc

400179438184  
04/30/10--01046--007 \*\*450.00

REINSTATEMENT

08-10

CR2E081 (11/09)

|  |                       |  |                       |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box #<br>609 - 6th Lane<br>Suite, Apt. #, etc. |                       | 3. Mailing Office Address<br>609-6th Lane<br>Suite, Apt. #, etc. |                       |
| City & State<br>Greenacres, FL   |                       | City & State<br>Greenacres, FL                                   |                       |
| Zip<br>33463   | Country<br>Palm Beach | Zip<br>33463   | Country<br>Palm Beach |

|  |   |
|--|---|
| 4. Date Incorporated or Qualified To Do Business in Florida 7/12/2002 11/03/2008 new Ack.                            |   |
| 5. FEI Number<br>11-3656537  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |   |

|  |             |                   |  |
|--|-------------|-------------------|--|
| 7. Name and Address of Current Registered Agent                    |             |                   |  |
| Name<br>Sandra Sue Sullivan  |             |                   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>609-6th Lane |             |                   |  |
| Suite, Apt. #, Etc.  |             |                   |  |
| City<br>Greenacres   | State<br>FL | Zip Code<br>33463 |  |

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Sandra Sue Sullivan  
REGISTERED AGENT MUST SIGN

Date 4-13-10

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   |
|--------|-----------------------------------|--|----------------------|
| Pres   | Sandra Sue Sullivan               | 609-6th Lane                                   | Greenacres, FL 33463 |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |

10. E-mail Address: propertylocators@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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 Sandra Sue Sullivan Sandra Sue Sullivan

4/13/2010 561-315-2073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/3/10