
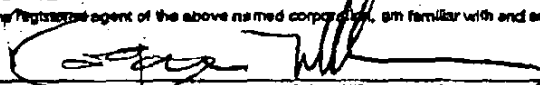
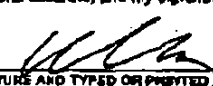


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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>PC2000077444</b>			
1. Corporation Name <b>Real Estate Investment Advisory Services, Inc.</b>			
2. Principal Office Address - No P.O. Box # <b>5125 Castello Dr.</b>		3. Mailing Office Address <b>3661 Foxwell Ln.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Naples, FL 34103</b>		City & State <b>Norfolk, VA</b>	
Zip <b>34103</b>	Country <b>USA</b>	Zip <b>23502</b>	Country <b>USA</b>
4. Date incorporated or Qualified To Do Business in Florida <b>July 16, 2002</b>			
5. FEI Number <b>05-0522028</b>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>Additional fee required for a Certificate of Status</small>			
7. Name and Address of Current Registered Agent			
Name <b>Roger Miller</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>223 Dolphin Cove Ct.</b>			
Suite, Apt. #, Etc.			
City <b>Bonita Springs</b>		State <b>FL</b>	Zip Code <b>34134</b>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0905 or 617.0503, F.S.			
Signature of Registered Agent 		Date <b>03/18/08</b>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Wayne Crosby	3661 Foxwell Ln.	Norfolk, VA 23502
S	Lesli Crosby	3661 Foxwell Ln.	Norfolk, VA 23502
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 contained in Chapter 119, 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: 		Date <b>3/17/08</b>	Daytime Phone # <b>751-222-8001</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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 04/29/08--01035--022 \*\*856.25  
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 03/24/08--01042--015 \*\*35.00  
 400120926784  
 03/24/08--01042--016 \*\*8.75

**REINSTATEMENT 03-08**