

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT   |                                     |  FLORIDA DEPARTMENT OF STATE<br>Glenda E. Hood<br>Secretary of State<br>DIVISION OF CORPORATIONS |                       |
|---|-------------------------------------|---|-----------------------|
| DOCUMENT # P02000079101   |                                     | FILED<br>05 JAN -7 AM 11:18<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |                       |
| 1. Corporation Name<br><b>RELIANT REALTY GROUP, INC.</b>  |                                     |   |                       |
| Principal Place of Business<br>1200 SANFORD AVENUE<br>SANFORD FL 32771<br>US  |                                     | Mailing Address<br>1200 SANFORD AVENUE<br>SANFORD FL 32771<br>US  |                       |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.   |                                     |   |                       |
| 2. New Principal Office Address, If Applicable  |                                     | 3. New Mailing Office Address, If Applicable  |                       |
| Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc.   |                       |
| City & State  |                                     | City & State  |                       |
| Zip   | Country                             | Zip   | Country               |
|   |                                     | 4. Date Incorporated or Qualified To Do Business in Florida<br>07/22/2002   |                       |
|   |                                     | 5. FEI Number<br>20-000028A   |                       |
|   |                                     | Applied For<br>Not Applicable   |                       |
|   |                                     | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status  |                       |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                     |   |                       |
| 1 Title(s)  | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director  | 4 City / State / Zip  |
| P/D   | THORNTON, ROBERT G                  | 630 KILLARNEY BAY COURT   | WINTER PARK FL 32789  |
| S/T   | THORNTON, ROBERT G.                 | 630 KILLARNEY BAY COURT   | WINTER PARK, FL 32789 |
|   |                                     |   |                       |
|   |                                     |   |                       |
|   |                                     |   |                       |
|   |                                     |   |                       |
| 8. Name and Address of Current Registered Agent<br>OWENS, JACK E<br>2731 SILVER STAR ROAD<br>ORLANDO FL 32808   |                                     | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City<br>State FL Zip Code                     |                       |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.   |                                     |   |                       |
| Signature of Registered Agent<br>  |                                     | Date 1-5-2005   |                       |
| REGISTERED AGENT MUST SIGN  |                                     |   |                       |
| 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 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:   |                                     | 1-05-05 (407) 647-5975<br>Daytime Phone #   |                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Robert G. Thornton AS President   |                                     |   |                       |

CR2E040 (7/03)