PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 26 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000255271 36
12/16/03- 01044--002 **750.00

REINSTATEMENT 2003

DOCUMENT # P02000097500

1. Corporation Name
Navigator Realty & Investment Properties, Inc.

2. Principal Office Address	3. Mailing Office Address
101 E. Gulf Beach Drive	P.O. Box 684
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. George Island, FL	City & State: Eastpoint, FL
Zip: 32328 Country: USA	Zip: 32328 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/2002

5. FEI Number: 320037834 ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Daniel W. Hartman
Street Address (P.O. Box Number is Not Acceptable): 207 W. Park Avenue
Suite, Apt. #, Etc.: Suite B
City: Tallahassee State: FL Zip Code: 32301

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: Daniel W. Hartman Date: 10-30-03
REGISTERED AGENT MUST SIGN

CR2E081 (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
D	Jamie Crum	101 E. Gulf Beach Drive	St. George Island, FL 32328
D	Jeanne Bonds	415 Sawyer Street	St. George Island, FL 32328

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: Jamie D Crum 10/28/2003 8508998758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #