

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000103537			
1. Corporation Name BUYERS & SELLERS ALTERNATIVE CHOICE REALTY, INC.			
Principal Place of Business 5051 CASTELLO DRIVE SUITE 145 NAPLES FL 34103		Mailing Address 5051 CASTELLO DRIVE SUITE 145 NAPLES FL 34103	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <i>Same</i>		3. New Mailing Office Address, If Applicable <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 09/23/2002		5. FEI Number 11-3655582	
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
6. \$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	OLIVER, SANDRA E	5051 CASTELLO DRIVE STE 145	NAPLES FL 34103
V	OLIVER, ROBERT S	5051 CASTELLO DRIVE STE 145	NAPLES FL 34103
STD	OLIVER, EDWARD <i>Rosemary</i>	5051 CASTELLO DRIVE STE 145	NAPLES FL 34103
STD	<i>OLIVER, EDWARD Rosemary</i> <i>This was amended and changed to Rosemary Oliver some time ago.</i>	5051 CASTELLO DRIVE STE 145	Naples, FL 34103
8. Name and Address of Current Registered Agent OLIVER, ROBERT S 5051 CASTELLO DRIVE SUITE 145 NAPLES FL 34103		9. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #: Etc. City 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 <i>[Signature]</i> Date <i>10/10/03</i> 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: <i>[Signature]</i> Date <i>10/10/03</i> Daytime Phone # <i>239-262-8300</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

04 JAN -2 AM 11:36

REINSTATEMENT 03-04



500025723405
12/23/03--01025--001 **150.00

CR2E040 (7/03)

EACH OFFICE INDEPENDENTLY OWNED & OPERATED

Assist²Sell[®]

**BUYERS & SELLERS
ALTERNATIVE CHOICE REALTY**

11/13/2003

To Whom It May Concern _____
Division of Corporations
Annual report/Reinstatement Section
PO Box 6327 Tallahassee, Fla 32314-6327

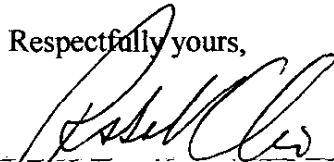
Re: Waiver of Reinstatement Fee

Recently it has been brought to my attention that we never received, either the first or second mailing and notice of the paperwork required to complete the annual UBR Report. Therefore, we humbly ask the State for forgiveness and ask that the Reinstatement Fee be waived.

We would also like to request that my mother Rosemary Oliver be Sect/Treasure and not Edwin, can you change this for us, or is there another form that must be filed?

Many many thanks for your time and consideration in this matter.

Respectfully yours,



Robert S. Oliver

