PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION AN JEOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

P02000104432 DOCUMENT #

1. Corporation Name

REAL PROPERTY ECONOMICS, INC.

Principal Place of Business

Mailing Address

13013 LOBLOLLY COURT JACKSONVILLE FL 32246 13013 LOBLOLLY COURT

JACKSONVILLE FL 32246

FILED

03 OCT 15 AM 9: 29

SECRETARY OF STATE FALLAHASSEE, FLORIDA

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If above a	addresses are incorrect in any way. line the	rough incorrect i	oformation and enter	correction below	like	用的收值		111 03	
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.					Date Incorporated or Qualified To Do Business in Florida 09/27/2002				
City & State	onville, FL	Suite, Apt. #, 7111 D City & State Sack Sof Zip 3225(ovis Creek wille, Fo	84, #8 82	5. FEI Numbe			Applied For Not Applicable ditional Fee required entificate of Status	
7. Names	and Street Addresses of Each Officer and			ations must list at lea	ast 3 directors)				
Title(s)			Street Address of Each Officer and/or Director		City / State / Zip				
P	MANNING, STEPHEN A		13013 LOBLOLLY COURT			JACKSONVILLE FL 32246			
СН	CH KEATING, DAVID M		1036 BUCKBEAN BRANCH LANE W		JACKSONVILLE FL 32259				
						002381 ⁻ 0104700			
8. Name and Address of Current Registered Agent KEATING, DAVID M 1036 BUCKBEAN BRANCH LANE W JACKSONVILLE FL 32259			9. Name and Address of New Registered Agent Name David Kegting Street Address (P.O. Box Number is Not Acceptable) 7111 Davis Creek Road Suite, Apt. #, Etc. # 8 City City City City City City City Cit				CH2E040 (7/03)		
Signature c Registered	Agent RI	EGISTERED AG	ENT MUST SIGN	ith and accept the ol	bligations of Section	Date	17.0505, F.S.		
11. I certify	that I am an officer or director or the recei	ver or trustee en	powered to execute	this application as p	provided for in cha	pter 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. 98

SIGNATURE:

anning SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR