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PLEASE REA	DALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 SEP LO AN 9 30 SECRETARY OF STATE
DOCUMENT # 1. Comporation Name : ○ いくたろんと	et Realty, Inc.	TALLAHASSEF, FLORIDA
poc # P02000	22559	
2. Principal Office Address	3. Mailing Office Address	-
747 HAMISON AU Suite, Apt. #, etc.	Suite, Apt. #, etc.	- ∤
City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida ////8/2002
PANOMO CITY FL	PAUANA CITY FL	- 5. FEI Number - Applied For - Not Applicable
Zip 3240/ Country	Zip 3240/ Country	6. \$8.75 Additional Fee required
3240% BAY	3240 % Bay 7. Name and Address of Current Regis	for a Certificate of Status
Suite, Apt. #, Etc. City AND MO 8. I, being appointed the registered agent of the Signature of Registered Agent	above named opporation, am familiar with and accept the REGISTERED AGENT MUST SIGN	Date 8//6/04.
Titles Name of Street Address of Each		
Officers and/or Direct	officer and/or Direct	ctor City/State/Zip
COUNTES. C	overstreet 8921 Dorothy	Farris Rd. Kavama (ity Fl. 32 40 08/24/04-01019-006 **750.00
		ENTU3-04
this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and its SIGNATURE:	dissolution has been eliminated, the corporate name satisf	as provided for in chapter 607 or 617, F.S. I further certify that when filling fles the requirements of section 607.0401 or 617.0401, F.S., that all fees for an exemption under section 119.07(3)(i), F.S. The information indicated noder oath. 8:18:04 8:18:04 Date Daytime Phone #