

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 30 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000132861**

**1. Corporation Name**

**THE REAL ESTATE SPECIALIST PROGRAM, INC.**

**2. Principal Office Address**

**7456 16TH STREET EAST**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

Zip

**34243**

Country

**USA**

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

City & State

**REINSTATEMENT**

**03**  
**WOP**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12/17/02**

**5. FEI Number**

**83-0346248**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Steven L. Snyder**

Street Address (P.O. Box Number is Not Acceptable)

**7456 16TH STREET EAST**

Suite, Apt. #, Etc.

City

**SARASOTA, FL**

State  
**FL**

Zip Code  
**34243**

**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

*Steven L. Snyder*  
REGISTERED AGENT MUST SIGN

Date

**10/28/03**

**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
DP	STEVEN L. SNYDER	7456 16TH STREET EAST	SARASOTA, FL 34243
DV	KATHLEEN HART	2450 HAMLIN LANE	SARASOTA, FL 34239
DV	MICHAEL B. BERRY	17198 BERNUDA VILLAGE DRIVE	SARASOTA, FL 34239

**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:**

*Steven L. Snyder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/28/03**

Daytime Phone #

**941-539-3200**

CR2E081 (10/02)

DANIEL J. LOBECK  
MARK A. HANSON  
KEVIN T. WELLS  
DAVID C. MEYER

LAW OFFICES  
**LOBECK HANSON & WELLS**

PROFESSIONAL ASSOCIATION

2033 MAIN STREET, SUITE 403  
SARASOTA, FL 34237  
(941) 955-5622  
FAX (941) 951-1469  
E-MAIL law@lobeckhanson.com  
INTERNET www.lobeckhanson.com

October 28, 2003

CONDOMINIUM  
COOPERATIVE AND  
COMMUNITY  
ASSOCIATIONS  
  
CIVIL LITIGATION  
PERSONAL INJURY  
FAMILY LAW  
LAND USE LAW  
ESTATES AND TRUSTS

Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: The Real Estate Specialist Program, Inc.  
Document No. P02000132861

To whom it may concern:

Attached hereto please find corporate reinstatement form for the above-referenced corporate entity which was recently dissolved due to failure to file an Annual Report.

This letter is to advise you that the corporation received neither the Annual Report or any subsequent notices from the Division of Corporation for the current year. The original corporate address was 3205 Southgate Circle, Sarasota, Florida 34239. That address was a leased premises and my client discovered only recently absolutely none of the mail for the corporation had been forwarded because the building at the Southgate Circle address, which served a number of different tenants, did not offer mail forwarding.

This letter is to once again request your cooperation in reinstating the above-referenced corporate entity and to waive any late fee or penalty. As stated, the dissolution of this important corporate entity would not have occurred but for the inability to receive the necessary Annual Reports and Notices.

Thank you for your prompt attention to this matter.

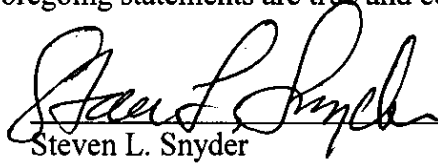
Very truly yours,



Mark A. Hanson, Esquire

MAH/paa  
Enclosure

I hereby swear and affirm that the foregoing statements are true and correct.

A handwritten signature in black ink, appearing to read "Steven L. Snyder", written over a horizontal line.

Steven L. Snyder

As Manager and President of  
The Real Estate Specialist Program, Inc.



"CORPORATION SERVICE COMPANY"

ACCOUNT NO. : 072100000032

REFERENCE : 300560 7406117

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : October 29, 2003

ORDER TIME : 9:32 AM

ORDER NO. : 300560-010

CUSTOMER NO: 7406117

CUSTOMER: Mark A. Hanson, Esq.  
Lobeck Hanson & Wells P.a.  
Suite 403  
2033 Main Street  
Sarasota, FL 34237

DOMESTIC FILINGS

NAME: THE REAL ESTATE SPECIALIST  
PROGRAM, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED.  
03 OCT 30 AM 10:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA