PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 SEP 30 AM 8:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E081 (11/10)

DOCUMENT # P03000055625

1. Corporation Name

Realm Investments, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3809 Deacon Way	3809 Deacon Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa FL	City & State: Cocoa FL
Zip: 32926 County: Brevard	Zip: 32926 County: Brevard

4. Date Incorporated or Qualified To Do Business in Florida: 05/12/2003

5. FEI Number: 050571110 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ($5.00 Additional Fee Required for Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Robert L. Smithson
Street Address (P.O. Box Number is Not Acceptable): 3809 Deacon Way
Suite, Apt. #, Etc.:
City: Cocoa State: FL Zip Code: 32926

Reinst.
2010-2014
CRM FD-1-14

SD026434774S
09/15/14--01058--017 **1402.50

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: Robert Smithson Date: 9-30-14
REGISTERED AGENT MUST SIGN

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
P	Robert L. Smithson	3809 Deacon Way	Cocoa FL 32926
VP	Linda A. Smithson	3809 Deacon Way	Cocoa FL 32926

10. E-mail Address: LASLUIGI@gmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Robert Smithson 9-11-14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C