2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000081778

1. Entity Name
REOWEB EXCHANGE INC.

FILED
05 JUL 14 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06092005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
~~1490 S MILITARY TRAIL SUITE 8~~ ~~WEST PALM BEACH, FL 33415~~	~~1490 S MILITARY TRAIL SUITE 8~~ ~~WEST PALM BEACH, FL 33415~~
2. Principal Place of Business 11801 N.W. 12th Drive Suite, Apt. #, etc.	3. Mailing Address 11801 N.W. 12th Drive Suite, Apt. #, etc.
City & State Coral Springs, FL Zip 33071 Country U.S.	City & State Coral Springs, FL Zip 33071 Country U.S.

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARDNER, WILLIAM J 7280 WEST PALMETTO PARK ROAD SUITE 208-N BOCA RATON, FL 33433	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: W. Gardner 6/9/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete MODICA, STEVEN L 11801 N.W. 12th Drive ~~1490 S MILITARY TRAIL SUITE 8~~ ~~WEST PALM BEACH, FL 33415~~ Coral Springs, FL 33071	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500056306995 07/21/05--01051--008 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete DEVRIES, JAMES 11801 N.W. 12th Drive ~~1490 S MILITARY TRAIL SUITE 8~~ ~~WEST PALM BEACH, FL 33415~~ Coral Springs, FL 33071	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500056306995 06/17/05--01057--002 **150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $97/19
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

954 2707770

SIGNATURE: _____ Director 6/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #