

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000034057

1. Corporation Name

CENTEAM REALTY, INC.

2. Principal Office Address - No P.O. Box #
4208 Little Road

3. Mailing Office Address
4208 Little Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip
34655

Country
Pasco

Zip
34655

Country
Pasco

7. Name and Address of Current Registered Agent

Name
John Frank

Street Address (P.O. Box Number is Not Acceptable)
9716 Shamokin Lane

Suite, Apt. #, Etc.

City
Port Richey

State
FL

Zip Code
34655

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

Date 6-13-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|--------------------------------------|---|-----------------------|
| P | John Frank | 9716 Shamokin Ln. | Port Richey, FL 34655 |
| D | John Frank | 9716 Shamokin Ln. | Port Richey, FL 34655 |
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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 contained in Chapter 119, 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:

John Frank JOHN FRANK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-01

727-312-2121

Date

Daytime Phone #

FILED

07 JUL -2 AH 9:55

FLORIDA DEPARTMENT OF STATE
FLORIDA, FLORIDA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/2004

5. FEI Number

55-0859205

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.