

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 28 AM 9:26

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P04000035031

1. Corporation Name

THE REAL ESTATE NETWORK INTERNATIONAL
Inc

200162256152
10/28/09--01023--007 **300.00

2. Principal Office Address - No P.O. Box #

11555 HERON BAY BLVD

Suite, Apt. #, etc.

200

City & State

CORAL SPRINGS, FL

3. Mailing Office Address

11555 HERON BAY BLVD

Suite, Apt. #, etc.

200

City & State

CORAL SPRINGS, FL

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

CR2E081 (12/08)

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

02/24/04

5. FEI Number

32-0108693

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

OCTAVIA MCDOUGLE

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

11555 HERON BAY BLVD

Suite, Apt. #, Etc.

200

City

CORAL SPRINGS

State

FL

Zip Code

33073

☒ 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.

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 10/15/2009

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
PRES	OCTAVIA MCDOUGLE	11555 HERON BAY BLVD #200	CORAL SPRINGS, FL 33073
VP	STOCKAR MCDOUGLE	11555 HERON BAY BLVD #200	CORAL SPRINGS, FL 33073

REINSTATEMENT
08-09

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:

OCTAVIA MCDOUGLE

10/15/2009

954-757-5784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #