

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 12 AM 11:47


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04/23/07--01047--028 \*\*\*450.00

REINSTATEMENT

CR2E081 (1/07)

05-07

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P04000055673</b>					
1. Corporation Name <b>ALL FLORIDA PREMIER REALTY, INC.</b>					
2. Principal Office Address - No P.O. Box # <b>346 WESTWINDS DR.</b>			3. Mailing Office Address <b>346 WESTWINDS DR.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>TARPON SPRINGS, FL</b>			City & State <b>TARPON SPRINGS, FL</b>		
Zip <b>34689</b>	Country <b>USA</b>	Zip <b>34689</b>	Country <b>USA</b>		
7. Name and Address of Current Registered Agent					
Name <b>MARY KLIMIS COBURN, ESQ.</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>15 E. ORANGE ST.</b>					
Suite, Apt. #, Etc.					
City <b>TARPON SPRINGS</b>		State <b>FL</b>	Zip Code <b>34689</b>		
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 <b>Mary K Coburn</b>				Date <b>4/10/07</b>	
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	
<b>P</b>	<b>Maria T. Klonaris</b>	<b>346 Westwinds Dr.</b>		<b>Palm Harbor, FL 34683</b>	
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: <b>Maria T. Klonaris</b> <b>4/10/07</b> <b>(727) 480-0663</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

4/16/07