



2008 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P04000109729 |  |
| 1. Entity Name SOLUTIONS PLUS REALTY, INC. | |

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|---|---|
| Principal Place of Business 8705 BOYSENBERRY DR TAMPA, FL 33635 | Mailing Address 8705 BOYSENBERRY DR TAMPA, FL 33635 |
|---|---|

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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip - Country | Zip - Country |

FILED
08 NOV -3 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

| | |
|---|--|
| 4. FEI Number 20-1434433 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 8. Name and Address of Current Registered Agent DINDAL, DAVID D 8705 BOYSENBERRY DR TAMPA, FL 33635 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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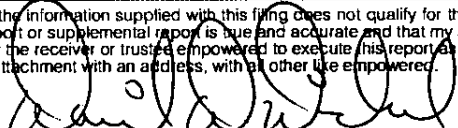
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS DINDAL, DAVID D 8705 BOYSENBERRY DR TAMPA, FL 33635 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100137566621 11/03/08--01041--006 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT DINDAL, SHARON E 8705 BOYSENBERRY DR TAMPA, FL 33635 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: OCT. 29, 2008 Daytime Phone #: 813-855-8468