PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMEN				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 10 JAN 26 AM 8: 22			
DOCUMENT # P05000005899 1. Corporation Name									SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Equity Trust Services, Inc.												
									800167214848 01/26/1001024097 **450.00			
•	el Office Addre	3. Mailing (3. Mailing Office Address				CR2E081 (11/09)					
Suite, Apt.	#, etc.		Suite, Apt. #	rt. #, etc.				Date Incorr	porated or Qualified			
City & State	<u> </u>		City & State				To Do Business in Florida 01/12/2005					
Port Orange, FL									5. FEI Number Applied For 204867617 Not Applicable			
^{Zip} 32127	127 × Vc		sia	Zıp		Coun	itry		6.			dditional Fee required Certificate of Status
7. Name and Address of Current Registered Agent												
Name TBS Property Management, Inc.									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			
Street Address (P.O. Box Number is Not Acceptable)												
5925 Boggs Ford Road Suite, Apt. #, Etc.												
										ed and requesting t waived.	he r	einstatement
Port Orange							State Zip Code FL 32127					
I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation.										on 607.0505 or 617.0503, F	s.	
Signature of Registered Agent REGISTERED GENT MUST SIGN									Date 01/25/2010			
9. Names	s and Street Ad	dresses	of Each Officer and	Vor Director (Fig	orida nonprof	it corpo	orations ma	ust list at lea	est 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Eac Officer and for Directo						City / State / Zip		
Ρ	Michael George			5925 Boggs Ford			Ford	Rd. Port Orange, FL 32127				
M	CINDY George			5925 Boggs FORD			Feeo	Rd.	PORT ORANGE	<u>s,</u> f	FL32127	
				.					 -			
	REINSTATEMENT PAR											
								G 818				ĺ
10. E-mail Address; mike@georgehometeam.com (To be used for future annual report notification)												
this rein owed by	estatement appli the corporation nder oath.	ication, th	ne reason for disso een paid. I further d	lution has been vertify, the inform	npowered to o eliminated, the nation indicate	execute ne corp ed on t	e this appli orate name his applica	cation as pro e satisfies the tion is true a	ovided for in chap re requirements of and accurate, and	pter 607 or 617, F.S. I further of section 607.0401 or 617.0 It my signature shall have the	401, F. e same	S., that all fees e legal effect as if
			SIGNATURE AND T	YPED QR)PRIKTI	ED NAME OF	SIGNING	OFFICER	OR DIRECTO	OR	Date		Daytime Phone #