PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DÉPAR Secretar DIVISION OF C	y of S	tate	1	F11.ED 0 JAN 26 AM 8: 18	,	
DOCUMENT # P05000087130 1. Corporation Name Tovestor's Realty Services of Indian River Incorporated				S) Fi	CONETARY OF STATE LLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box # 3. Mailing Offi 8315 /03 rd C+ 831 Suite, Apt. #, etc. Suite, Apt. #, etc.		15 163rd Ct		01/25/H-01024-009 **300.00 CR2E081 (11/09)			
					orated or Qualified ness in Florida		
City & State Vero Beach, 7L Zip Country Zip Country Zip		Beach, 7L Country		5. FEI Numbe 56.	56 - 2525550 Not Applicable		
32967 USA	32967	L	usA			ficate of Status	
Name Not Sort Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State State				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 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		
P James M. Wilson VP Benjamin C. Wilson		8315 103rd C+		<u>+</u>	Vero Beach, FC 32967		
VP Benjamin C. Wilson		8315 103rd Ct.			Vero Beach, R 32967		
SEC David Spada		8315 103 rd Ct.		! † .	Vero Boach,	FC 32967	
REINSIAIRINE							
		<u></u>	RH				
10. E-mail Address: Firsthomes @ arthlink.net [To be used for future annual report notification]							
11. 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 filling 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. I further certify, 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: SIGNATURE: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #							