

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -8 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000109992

1. Entity Name
ORLANDO REALTY TRUST, INC.



Principal Place of Business
33 TANGELO DRIVE
WINTER HAVEN, FL 33884 US

Mailing Address
33 TANGELO DRIVE
WINTER HAVEN, FL 33884 US

2. Principal Place of Business
108 Cinnamon Ridge Ln.
Suite, Apt. #, etc.

3. Mailing Address
108 Cinnamon Ridge Ln.
Suite, Apt. #, etc.



10042006 REIN-P CR2E098 (11/05)

City & State
Davenport, FL
Zip 33897 Country POLK

City & State
Davenport, FL
Zip 33897 Country POLK

4. FEI Number
28-3278907
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROGERS, JON C
33 TANGELO DRIVE
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent
Name ROGERS, JON C.
Street Address (P.O. Box Number is Not Acceptable)
108 Cinnamon Ridge Ln.
City Davenport FL Zip Code 33897

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]* JOHN C ROGERS 9/26/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|------------------------|---------------------------------|---|------------------------|--|
| TITLE | PRES | <input type="checkbox"/> Delete | TITLE | PRES | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, JON C | | NAME | ROGERS, JON C. | |
| STREET ADDRESS | 33 TANGELO DRIVE | | STREET ADDRESS | 108 Cinnamon Ridge Ln. | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 | | CITY-ST-ZIP | Davenport, FL 33897 | |
| TITLE | TREA | <input type="checkbox"/> Delete | TITLE | TREA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, JON C | | NAME | ROGERS, JON C. | |
| STREET ADDRESS | 33 TANGELO DRIVE | | STREET ADDRESS | 108 Cinnamon Ridge Ln. | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 | | CITY-ST-ZIP | Davenport, FL 33897 | |
| TITLE | SEC | <input type="checkbox"/> Delete | TITLE | SEC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, JON C | | NAME | ROGERS, JON C. | |
| STREET ADDRESS | 33 TANGELO DRIVE | | STREET ADDRESS | 108 Cinnamon Ridge Ln. | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 | | CITY-ST-ZIP | Davenport, FL 33897 | |
| TITLE | CLER | <input type="checkbox"/> Delete | TITLE | CLER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, JON C | | NAME | ROGERS, JON C. | |
| STREET ADDRESS | 33 TANGELO DRIVE | | STREET ADDRESS | 108 Cinnamon Ridge Ln. | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 | | CITY-ST-ZIP | Davenport, FL 33897 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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]* JON C ROGERS 9/26/06 863.424.5101
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #