

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 20 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000123582

1. Corporation Name

REAL ESTATE MADE EASY, INC.

2. Principal Office Address

6001 NW 153 ST

3. Mailing Office Address

6001 NW 153 ST

Suite, Apt. #, etc.

SUITE 141

Suite, Apt. #, etc.

SUITE 141

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES

Zip

33014

Country

USA

Zip

33014

Country

USA

REINSTATEMENT 06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/05

5. FEI Number

41-2135549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTHONY MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

12754 SW 23 ST

Suite, Apt. #, Etc.

City

MIRAMAR

State
FL

Zip Code

33029

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

Date 10/16/06

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	ANTHONY MARTINEZ	12754 SW 23 ST	MIRAMAR, FL 33029
VP	BELINDA VILLOCH	12856 SW 31 CT	MIRAMAR, FL 33027

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10/31/06--01079--009 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY MARTINEZ

Date

305-818-5753

Daytime Phone #

10/26/06