


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P38396			
<b>1. Corporation Name</b> REAL PROPERTY INVESTORS INC			
<b>2. Principal Office Address</b> 22449 MARTELLA AVE Suite, Apt. #, etc.		<b>3. Mailing Office Address</b>  Suite, Apt. #, etc.	
<b>City &amp; State</b> BOCA RATON, FL		<b>City &amp; State</b> F	
<b>Zip</b> FL 33433	<b>Country</b>	<b>Zip</b>	<b>Country</b>

05 JUL 21 08:27

REINSTATEMENT

02-05

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 4/14/92	
<b>5. FEI Number</b> 58 1892 137	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> MICHAEL P. PHELAN		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 22449 MARTELLA AVE		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> BOCA RATON FL	<b>State</b> FL	<b>Zip Code</b> 33433

**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**

*Michael P. Phelan*

**Date** 4/11/05

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	MICHAEL P. PHELAN	22449 MARTELLA AVE	BOCA RATON FL 33433

200058201032  
08/03/05--01051--007 \*\*1200.00

**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 under section 119.07(3)(i), 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:**

*Michael P. Phelan*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

4/11/05

**Daytime Phone #**

561  
306-9359

CR2E081 (01/05)

B. Mitchell