PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham ÉILED ···· FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 JAN 30 AM 8: 24 DOCUMENT # 12/30000 37978 1. Corporation Name
First Global Realty, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 441 South Reducal HWY 441 South Federal Hay Dear Ret Beach, PC 334411 REINSTATEMENT 94-97 Dearfield Beach, FLOURI If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Ant. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For (05-04 City & State City & State \$8.75. Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers and/or Directors Officer and/or Director City / State / Zip Title(s) (Do NOT Use Post Office Box Numbers) 441 South Rederal Highway Manta Sebestyon Deechëld Beach, FL 33441 Kenneth Suhandron 441 South Fedral Highua Deer field Brack, FL 3741 400002077454--9 -02/04/97-01171--014 ****923.75 ****923.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Kenneth Suhandran
Divasified managed Truestments In Street Address (P.O. Box Number is Not Acceptable)
441 South Federal Highway
Suite, Apt. #, Etc. Deorfield Beach, FL 33441 State Zip Code 10 I, being appointed the registrated agent of the above named corporation and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Yes X Dept. of Revenue under S. 199.032, Florida Statutes. 12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR