

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN 23 PM 3:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P93000071673</u>					
1. Corporation Name VRS REALTY SERVICES, INC.					
Principal Place of Business			Mailing Address		
900 Winderley Place Suite 100 Maitland, Florida 32751					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 4902 Eisenhower Blvd.		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/15/93	
Suite, Apt. #, etc. Suite 155		Suite, Apt. #, etc.		5. FEI Number 59-3209488	
City & State Tampa, Florida		City & State		Applied For Not Applicable	
Zip 33634		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required 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)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Direct	Donald L. DeVane	1941 Old Colony Lane	Maitland, FL 32751		
Direct	Patrick Kelley	3108 Chapin Avenue	Tampa, FL 33611		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. Pine Island Road Plantation, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		
			State FL		
			Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent		VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY		Date 6-1-99	
<i>Vicky Goldstein</i>		REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
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 taxes 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:		<i>Donald L. DeVane</i>		5/27/99 401-610-9555	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Donald L. DeVane		Date Daytime Phone #	

CP2E01 (12/98)