DI F10F DF16 111 111		OMBLETING THE FORM
·	STRUCTIONS BEFORE C IDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	OMPLETING THIS FORM. APPHOVED AND FILED
DOCUMENT # P94000039	DIVISION OF CORPORATIONS	98 APR 15 AM II: 11
1. Corporation Name EGI LANdtrust, Inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vero Beach, Fla: 32960 17. Vero Beach, Fl. 32960 Vero If above addresses are incorrect in any way, line through incorrect	36th Street About 11. 32960 7 37th Street D.104 0 Beach 11. 32960 ct information and enter correction below. lailing Office Address, If Applicable 11. etc. 36th Street	4. Date Incorporated or Qualified To Do Business in Florida 05/17/1994 5. FEI Number 4. Applied For 4.5-0509/36 CERTIFICATE OF STATUS DESIRED 5. S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Lach Officer and/or Director (Name of Officers and/or Directors PTT/S: Erol Atomer	Florida nonprofit corporations must list at lea Street Address of Each Officer and/or Director (Do NOT Use Post Office Box N 1265 36+65+ree	umbors) 4 City / State / Zip
	Vero Beach, fol	32960 Vero Bauch, Fla. 32960 500002494605-0 -04/21/98:01021-005
	R	*****900.00 ****900.00 NSTATEMENT 77-98 A. Alais 4/15/98
8. Name and Address of Current Registered A	Name	9. Name and Address of New Registered Agent
Erol Atamer 1265 36th Street Vero Beach, Fla. 32960	Street Address (P Suite, Apt. #, Etc. City	O. Box Number is Not Acceptable)
10. I, being appointed the registered agent of the above named consignature of Registered Agent of REGISTERED.	rporation, am familiar with and accept the ob	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U (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 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	IF SIGNING OFFICER OR DIRECTOR	(561) 4-12-98 567-2005 Date Daylime Phone #