

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079732**

1. Corporation Name

REALTY CAPITAL ADVISORS, INC.

Principal Place of Business

Mailing Address

605 E ROBINSON
 SUITE 420
 ORLANDO FL 32801

112 E ANNE ST
 ORLANDO FL 32806

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

605 E. ROBINSON ST.
SUITE # 420
ORLANDO, FL
32801

4. Date Incorporated or Qualified To Do Business in Florida

10/31/1994

5. FEI Number:

59-3278600

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BROCK, M.W. JEFFREY	3234 WALD RD	ORLANDO FL 32806
V	FREDERICK, CHARLES R.	205 LAKE COPELAND	ORLANDO FL 32806

800023914748
 10/17/03--01089--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROCK, M.W. JEFFREY
 3224 WAID RD
 ORLANDO FL 32806

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

407-843-7070 x111

Daytime Phone #

CR2E040 (7/03)



Corporate Services
Investment Sales
Land Sales
Buyer/Tenant Representation
Development Services
Leasing & Management

October 10, 2003

Florida Department of State
Division of Incorporation

Re: Application for Reinstatement

This is to inform that the 2003 Corporation Annual Report / Uniform Business Report was never received. I am including copy of the 2002 report showing the correct address for our business. Please take the necessary steps to correct your records.

Thank you for your help and cooperation.

Very truly yours,

Realty Capital / TCN Worldwide

A handwritten signature in black ink, appearing to read "Francisco J. Martinez". The signature is stylized and written over the typed name.

Francisco J. Martinez
Director of Accounting
FMartinez@realtycapitaltcn.com
Phone Extension: 110

www.realtycapitaltcn.com

605 East Robinson Street Suite 420 Orlando, FL 32801
Phone: 407.843.7070 Fax: 407.843.2070



**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

Beatty Capital Advisors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

605 E. Robinson St.

Suite, Apt. #, etc.

Suite # 420

City & State

Orlando, FL

Zip

Country

32801

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3278600

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(REG) Registered Agent signature required when retreating

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<i>D.</i>
NAME	<i>BROCK M.W. JEFFREY</i>
STREET ADDRESS	<i>3234 WANA ROAD</i>
CITY - ST - ZIP	<i>ORLANDO, FL 32806</i>
TITLE	<i>D.</i>
NAME	<i>FREDERICK, CHANDEL R.</i>
STREET ADDRESS	<i>205 EAST COPOLANA DRIVE</i>
CITY - ST - ZIP	<i>ORLANDO, FL 32806</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

15. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **M.W. JEFFREY BROCK**

A-2-02 401-843-7070