

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 23 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **945000007320**

1. Corporation Name

REALTY MARKETING AND DEVELOPMENT CORP.

200021082132
06/23/03--01080--001 **808.75

RECEIVED 02-07

2. Principal Office Address 315 NE 3rd Avenue Suite, Apt. #, etc. Suite 200 City & State Fort Lauderdale Zip 33301		3. Mailing Office Address P. O. Box 1346 Suite, Apt. #, etc. City & State Fort Lauderdale Zip 33301		4. Date Incorporated or Qualified To Do Business in Florida	
Country Broward		Country Broward		5. FEI Number 65-0551574	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Walter L. Morgan
Street Address (P.O. Box Number is Not Acceptable)
315 NE 3rd Avenue
Suite, Apt. #, Etc.
Suite 200
City
Fort Lauderdale

State
FL
Zip Code
33301

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

Walter L. Morgan
REGISTERED AGENT MUST SIGN

Date **6/18/03**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Allan Bachewicz	315 NE 3rd Ave., #200	Fort Lauderdale, FL 33301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter L. Morgan
6/18/03

Date

954-524-3111

Daytime Phone #

216/23