


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000009146			
1. Corporation Name EXCLUSIVE REALTY OF VOLUSIA COUNTY, INC.			
2. Principal Office Address 152 W. Granada Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 152 W. Granada Blvd. Suite, Apt. #, etc.	
City & State Ormond Beach, FL		City & State Ormond Beach, FL	
Zip 32174	Country USA	Zip 32174	Country USA

FILED
04 APR -1 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida February 3, 1995	
5. FEI Number 59-3303986	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Robert H. Scott, Jr.		
Street Address (P.O. Box Number is Not Acceptable) 152 W. Granada Blvd.		
Suite, Apt. #, Etc.		
City Ormond Beach	State FL	Zip Code 32174

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**



Date 3/31/04

REGISTERED AGENT MUST SIGN

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
D	Robert H. Scott, Jr.	152 W. Granada Blvd.	Ormond Beach, FL 32174
D	Donald P. Wanstall	199 Lindenwood Circle	Ormond Beach, FL 32174

REINSTATEMENT 96-04

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

3/31/04

Date

386-672-9563

Daytime Phone #

CR2E081 (01/04)