

JUL 8 2002 11:20AM

REINHARD G STEPHAN

NO. 935 P. 2

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 JUL 15 AM 7:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P9500009318</u>					
1. Corporation Name <u>REAL ESTATE SERVICES a la carte, INC.</u>					
2. Principal Office Address <u>2425 W. SR 434</u> Suite, Apt. #, etc. <u>163</u> City & State <u>LONGWOOD, FL</u> Zip <u>32779</u> Country <u>USA</u>		3. Mailing Office Address <u>4700 CANAL DR.</u> Suite, Apt. #, etc. City & State <u>SANFORD, FL</u> Zip <u>32771</u> Country <u>USA</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>1995</u>	
5. FEI Number <u>59-3323203</u>				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐					
7. Name and Address of Current Registered Agent					
Name <u>SANDRA L. SABOL</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>4700 CANAL DR</u>					
Suite, Apt. #, Etc.					
City <u>SANFORD</u>			State <u>FL</u>	Zip Code <u>32771</u>	
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 ☒ <u>[Signature]</u> Date <u>7-11-02</u>					
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	
<u>P/S</u>	<u>SANDRA L. SABOL</u>	<u>4700 CANAL DR SANFORD, FL</u>		<u>FL 32771</u>	
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 debts satisfy 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)(f), 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: ☒ <u>[Signature]</u> <u>7/11/02</u> <u>407-862-2644X</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone # <u>204</u>	

2012

7-11-02

I WOULD LIKE TO REINSTATE
THIS CORPORATION.

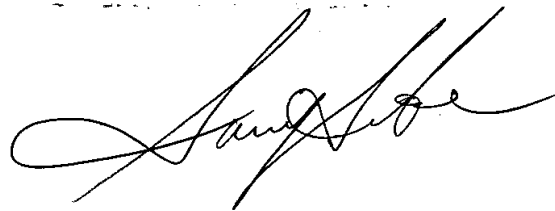
I CHANGED MAILING ADDRESSES
AND NEVER RECEIVED THE
PAPERWORK TO PAY THE
ANNUAL RENEWAL FEE.

ANY QUESTIONS CALL

SANDY SABOL

407-862-2699 X204

THANKS FOR YOUR ASSISTANCE!

A handwritten signature in cursive script, appearing to read "Sandy Sabol".