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

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1. Corporation Name
REAL ESTATE SERVICES a la carte, INC.

2. Principal Office Address	3. Mailing Office Address
2425 W. SR 434	4700 CANAL DR.
Suite, Apt. #, etc.: 163	Suite, Apt. #, etc.:
City & State: LONGWOOD, FL	City & State: SANFORD, FL
Zip: 32779 Country: USA	Zip: 32771 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 1995

5. FEI Number: 59-3323203 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: SANDRA L. SABOL
Street Address (P.O. Box Number is Not Acceptable): 4700 CANAL DR
Suite, Apt. #, Etc.:
City: SANFORD State: FL Zip Code: 32771

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: (X) _____ Date: 7-11-02
REGISTERED AGENT MUST SIGN

CR1EC61 (9/01)

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/S	SANDRA L. SABOL	4700 CANAL DR SANFORD, FL	FL 32771

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: (X) _____ 7/11/02 407-862-2699X 204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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!