PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 11 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060912

1. Corporation Name
R N B Realty, Inc.

1811 SE Ft King St.
1811 SE Ft King St.

REINSTATEMENT 01-04

2. Principal Office Address		**3.** Mailing Office Address	
1811 SE Ft King St.		1811 SE Ft King St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ocala, FL		City & State: Ocala, FL	
Zip: 34471	Country: USA	Zip: 34471	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 08/07/1995

5. FEI Number 593331576 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Randall E. Alvord

Street Address (P.O. Box Number is Not Acceptable): 1811 SE Ft King St.

Suite, Apt. #, Etc.:

City: Ocala | State: FL | Zip Code: 34471

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 7 June 04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Ruth P. Alvord	834 NE 40th Ave	Ocala, FL 34470
V	Randall E. Alvord	1811 SE Ft King St	Ocala, FL 34471

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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: _____ 7 June 2004 352-690-2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #