
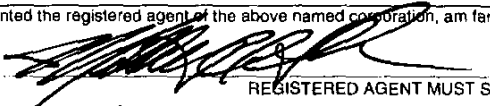



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000096707 (1)			
1. Corporation Name Reality Financial Corp.			
Principal Place of Business		Mailing Address	
7000 West Palmetto Park Road, Suite 206		Boca Raton, Florida 33433	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable One N. Ocean Boulevard Suite, Apt. #, etc. Suite 200 City & State Boca Raton, Florida Zip 33432 Country US		3. New Mailing Office Address, If Applicable One N. Ocean Boulevard Suite, Apt. #, etc. Suite 200 City & State Boca Raton, Florida Zip 33432 Country US	
4. Date Incorporated or Qualified To Do Business in Florida 12/18/95		5. FEI Number 65-0627466	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Dorothy Miller	One N. Ocean Boulevard Suite 200	Boca Raton, Florida 33432
			500002090135--6 -02/18/97--01015--004 ****915.00 ****915.00
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Mitchell A. Sherman, P.A. 7000 W. Palmetto Park Road Suite 206 Boca Raton, Florida 33432		Name Mitchell A. Sherman, P.A. Street Address (P.O. Box Number is Not Acceptable) 301 Yamato Road Suite, Apt. #, Etc. Suite 1200 City Boca Raton, Florida State FL Zip Code 33431	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent 		Date 12-97	
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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:  PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOROTHY H. MILLER Date 561-338-2942 Daytime Phone			

FILED

97 FEB 14 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 90-97

CPRE040 (12/96)