	PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APF	PLICATION A	A DEPARTMEN	IT OF STATE					
REIN	FOR STATEMENT	Secretary of State DIVISION OF CORPORATIONS			FILED			
DOCUMENT # P96000072465 1. Corporation Name					98 DEC 22 PM 6: 42			
KARLIN REALTY SERVICES, INC.					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business Mailing Address								
KISSIMMEE		2000 WEST VINE STREET KISSIMMEE FL 34741						
If above a	ddresses are incorrect in any way, line thro ncipal Office Address, If Applicable	nich incorrect ir	oformation and enter o	REIN	ISTAT	ement	98	
2. New Pri	ncipal Office Address, If Applicable	New Mailing Office Address, If Applicable						
Suite, Apt.	, etc.	Suite, Apt. #, etc.			- 08/30/1996 5. FEI Number Applied For			
City & State		City & State			59-3396772 Not Applicable			
Zip	Country	Žip	Country			E OF STATUS DESIRED G	Additional Fee required a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flor		tions must list at lea		T		
Title(s) 1	and/or Directors		Off 3 (Do NOT Use	icer and/or Director Post Office Box Nu	mbers) 4 City / State / Zip			
PD	PETTY, KAREN M		2000 WEST VINE STREET			KISSIMMEE FL 34741		
D	REGISTER, LINDA M		2000 WEST VINE ST			KISSIMMEE FL		
ST	REGISTER, SIDNEY W	8641 BAYPINE RD			JAX FL			
						-12/29/3801087028 -****750.00 ****750.00		
						i i		
Name and Address of Current Registered Agent Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
	TER, UNDA	!	Street Address (P.O. Box Number is Not Acceptable) Suite Ant # Etc					
	V VINE ST IMEE FL 34741	Suite, Apt. #, Etc.			CAZE			
				City State Zip Code				
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 o Registered	Agent Agent RE	GISTERIO AG	EREQL ENT MUST SIGN	JIRED_		Date	8	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes X No (See other side for information on intangible tax.)								
12.1 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 Date Daytime Phone #								