PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF UCCOME RACIONS 10 MAR 18 PM 1: 26
DOCUMENT # P96000 89021 1. Corporation Name	
KCOOK REALTY + MOSTGALE MONEY, INC	
	900172552009 03/18/1001039015 **308.75
3. Principal Office Address No P.O. Box # POBOX 400 4 SPrint Hill Pl	CR2E081 (12/07)
Suite, Apt. #, etc. SARING 11.1171 Suite, Apt. #, etc. P. D. Box 4004	4. Date Incorporated or Qualified To Do Business in Florida D - 29-1996
SPRING HIH, FL. SPRING HILL FL.	5. FEI Number 5934085/3 Applied For Not Applicable
Zip 34607 Country U.5 - Zip 34611 Country U.5 -	S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	7
Name Karew Cook Pres. Sec, Trasues	The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 3402 Holly Strings Drive	the prior notices. By checking this box, you are certifying the prior notices were not
Suite, Apt. #51c. SPrint Hill FL.	received and requesting the reinstatement fee be waived.
City SPRENG H.N - State 34607	lee be walved.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob	oligations of section 607.0505 or 617.0503. F.S.
Signature of Registered Agent YOYUN J. CUOK REGISTERED AGENT MUST SIGN	Date _0_3_1_6_10
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zıp
Pres= P Kaver Cool 342 Holly Springs	Drive Sking Him FLB460
Sec= S Karen Cook 3402 Holly sp.	- A
Trooner Kaven Cook 3402 Holy Str	
REINSTATEME	NT OPAD BARRIO
	'
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 filling 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 contained in Chapter 119, 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: ONLY J. COOK Pres. Section Signature and typed or printed name of signing officer or director	Street 03-16-10 Date Daytime Phone #