PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 26 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093961

1. Corporation Name
General Real Estate Services, Inc.

REINSTATEMENT 9701

2. Principal Office Address	3. Mailing Office Address
800 Lomax Street	P.O. Box 1556
Suite, Apt. #, etc. Suite 119	Suite, Apt. #, etc.
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32204 / Country Duval	Zip 32201 / Country Duval

4. Date Incorporated or Qualified To Do Business in Florida 11/13/1996

5. FEI Number 59-3411827 ☐ 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
G. Parker Hudson

Street Address (P.O. Box Number is Not Acceptable)
800 Lomax Street

Suite, Apt. #, Etc.
Suite 119

City | State | Zip Code
Jacksonville, Florida | FL | 32204

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***1350.00 ***1350.00

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 7-23-01
REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

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	G. Parker Hudson	800 Lomax Street Suite 119	Jacksonville, Florida 32204
V	Anita D. Hudson	800 Lomax Street Suite 119	Jacksonville, Florida 32204

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: _____ PARKER HUDSON 7-23-01 904-353-5590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #