


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA6000103563</u> 1. Corporation Name <u>REALTY AFFILIATES, INC.</u>			
2. Principal Office Address <u>1619 INDIAN ROCKS RDS</u> Suits, Apt. #, etc.		3. Mailing Office Address <u>SAME</u> Suits, Apt. #, etc.	
City & State <u>LARGO FL</u>		City & State /	
Zip <u>33774</u>	Country <u>USA</u>	Zip /	Country /

FILED
 01 SEP 19 AM 10:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2000-01 UBTC

4. Date Incorporated or Qualified To Do Business in Florida <u>12/22/96</u>	
5. FEI Number <u>54-3441453</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>WILLIAM GOLSON</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1230 S. MYRTLE AVENUE</u>	<u>900004609999-1</u> <u>-09/25/01--01029-02</u> <u>****300.00 ****300.00</u>
Suite, Apt. #, Etc. <u>SUITE 105</u>	
City <u>CLEARWATER</u>	State <u>FL</u> Zip Code <u>33756</u>

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: William Golson Date: 9/17/01
 REGISTERED AGENT MUST SIGN

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	PATRICK T. DATES	10167 SAILWINDS BLVD #101	LARGO FL 33773
V	DAVID S. DATES	11722 CURRIE LN G-2	LARGO FL 33774

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)(f), 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: Patrick T. Dates Date: 9-17-01 Daytime Phone #: 727-518-1603
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR