PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -3 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

800023546708
10/03/03--01069--009 **150.00

DOCUMENT # P97000044475

1. Corporation Name
Real Estate Direct Brevard, Inc

2. Principal Office Address	**3.** Mailing Office Address
457 Montreal Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc. same
Melbourne FL	City & State
Zip: 32935 / Country: Brevard	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3482107 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Frank D. Schrader Jr

Street Address (P.O. Box Number is Not Acceptable): 457 Montreal Avenue

Suite, Apt. #, Etc.:

City: Melbourne — State: FL — Zip Code: 32935

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 _____
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
D	Frank D. Schrader Jr	457 Montreal Avenue	Melbourne FL 32935

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: _____ 9-22-03 — 321-254-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/1

September 22, 2003

Florida Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32302

RE: 2003 Corporation Reinstatement

Dear Sirs,

I am really sorry to say this but I did not receive my 2003 uniform business report. I am now submitting my reinstatement and my fee.

Please let me know if I can be of any further help.

Sincerely,

Frank D. Schrader Jr.
Owner

457 Montreal Avenue • Melbourne, FL 32935 • **Office:** 321-254-0688 • **Fax:** 321-254-0189 • www.realetatedirect.net