PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE No. Alexander **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 11877 - 5 5 19 3: 55 P97000070683 DOCUMENT # 1. Corporation Name CHOR DAY ON STAIR MICHINESEE, FLORIDA BARCLAYS REAL ESTATE INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 2100 CONSTITUTION BLVD. 2100 CONSTITUTION BLVD. SARASOTA FL 34231 SARASOTA FL 34231 PEINSTATEMENT (If above addresses are incorrect in any way, line through incorrect information and enter correct on below 2. New Principal Office Address, If Applicable 3 New Meeting Office Address, If Appli, abli-Suite, Apt. #, etc Suite, Apt #, etc 5. FEt Number Applied For City & State City & State 65-67745 Not Applicable Zip Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers Name of Officers and/or Directors Title(s) City / State / Zip PAKI. SARASOIN H 34294 ากกฎลรรรรศิรธ==ส -n3/09/99--01088--001 ****150,00 - ****150,00 nhana2799956---8 -03/09/99--01088--002-****150.00 ****150.00 666662789856---8 -n3/n9/99--01088--003--****600.00 ****600.00 8. Name and Address of Current Registered Agent 9 Name and Address of New Registered Agent Name YORK, DAVID C Street Address (P.O. Box Number is Not Acceptable) 2100 CONSTITUTION BLVD. Suite, Apt. #, Etc SARASOTA FL 34231 10. I, being appointed the registere with and accept the obligations of Section 607,0505, F.S. Signature of Registered Agent RED AGENT MUST SIGN 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes l 12. Locatify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Lighther 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 📭 aid 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 Sonature shall have the same legal effect as if made under oath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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