FILED
Oct 30, 2002 8:00 A.M.
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COM

CORPORATION REINSTATEMENT

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

REINSTATEMENT 98-02

DOCUMENT # P97000090032

1. Corporation Name: PROPERTY LOCATOR SERVICES, INC.

2. Principal Office Address	3. Mailing Office Address
2800 N. Military Trail	
Suite, Apt. #, etc.: #108	Suite, Apt. #, etc.
City & State: West Palm Beach , FL	City & State
Zip: 33409 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/97

5. FEI Number: 65-0849750 ✓ 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: LISA ADORNO

Street Address (P.O. Box Number is Not Acceptable): 2800 N. Military Trail

Suite, Apt. #, Etc.: #108

City: West Palm Beach State: FL Zip Code: 33409

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: Lisa Adorno Date: 10/30/02
REGISTERED AGENT MUST SIGN

CR2E031 (9/01)

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 /P	LISA ADORNO	2800 N. Military Trail, #108	West Palm Beach, FL 33409

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: Lisa Adorno 10/30/02 (561)615-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 10/30/02