

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -3 AM 6:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098166

1. Corporation Name

Exceptional Properties Inc.

2. Principal Office Address

287 E. Indiantown Rd.

Suite, Apt. #, etc.

B-1

City & State

Jupiter, FL.

Zip

33477

Country

U.S.A.

3. Mailing Office Address

287 E. Indiantown Rd.

Suite, Apt. #, etc.

B-1

City & State

Jupiter, FL.

Zip

33477

Country

U.S.A.

800035155768
05/03/04--01014--010 **300.00
REINSTATEMENT -B-34-

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/97

5. FEI Number

650797577

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

Glenn E. Goldstein

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

287 E. Indiantown Rd.

Suite, Apt. #, Etc.

Suite B-1

City

Jupiter

State
FL

Zip Code

33477

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

Glenn E. Goldstein

Date

4/27/04

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) Pres.	Glenn E. Goldstein	287 E. Indiantown Rd.	Jupiter, FL - 33458

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:

Glenn E. Goldstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(561)747-0707

Daytime Phone #

CR2E081 (01/04)

TR