

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000031303**

1. Corporation Name

**NOT FOR REAL, INC.**

**FILED**

99 NOV 30 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
<del>1401 BRICKELL AVE. STE. 300</del> <del>MIAMI FL 33131</del> <b>2180 West 1st St.</b> <b>Suite 500</b> <b>Ft. Meyers, FL 33901</b>	<del>1401 BRICKELL AVE. STE. 300</del> <del>MIAMI FL 33131</del> <b>2180 West 1st St.</b> <b>Suite 500</b> <b>Ft. Meyers, FL 33901</b>



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable <b>2180 West 1st Street</b>	3. New Mailing Office Address, if Applicable <b>2180 West 1st Street</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>04/08/1998</b>
Suite, Apt. #, etc. <b>Suite 500</b>	Suite, Apt. #, etc. <b>Suite 500</b>	5. FEI Number <b>65-0959799</b>
City & State <b>Ft. Myers, FL</b>	City & State <b>Ft. Myers, FL</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip <b>33901</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status


7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DPST	NELLIS, ROBERT W	<del>1401 BRICKELL AVE. STE. 300</del> <b>2180 West 1st St., Suite 500</b>	<del>MIAMI FL 33131</del> <b>MYERS, FL 33901</b>
			<b>300003068543--9</b>
			<b>-12/13/99--01136--014</b>
			<b>****758.75 ****758.75</b>

**REINSTATEMENT 99 18**

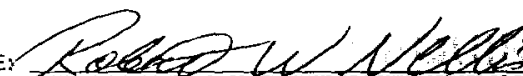
8. Name and Address of Current Registered Agent <b>TOBER, JOHN E</b> <del><b>1401 BRICKELL AVE. STE. 300</b></del> <del><b>MIAMI FL 33131</b></del>	9. Name and Address of New Registered Agent Name <b>ROBERT W. NELLIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2180 West 1st Street,</b> Suite, Apt. #, Etc. <b>Suite 500</b> City <b>Ft. Meyers</b> State <b>FL</b> Zip Code <b>33901</b>
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent 	Date <b>11/21/99</b>
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REGISTERED AGENT MUST SIGN

11. 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: 	Date <b>11/21/99</b>	Daytime Phone # <b>941-461-0700</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROBERT W. NELLIS</b>		