PLEASE READ	ALL INSTRUCTIONS	REFORE COMPLE	TING THIS FORM.	
APPLICATION OF BEINSTATIMENT	FLORIDA FPARTM the ine to try o	O STATE	FILED 99 OCT 20 AMII: 37	
DOOL INTENT # PROPOSED 1425				
DOCUMENT # P98000044056 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, PLORIDA	
CHARTER ONE REALTY,	INC.			
Principal Place of Business	Mailing Address			
2170 W. State Rd. 434 2170 W.State Rd. 4		34		
Suite 103 Longwood, Florida 32779	Suite 103 Longwood, Florida	32779		
If above addresses are incorrect in any way, line thro	ough incorrect information and enter	orrection below.		
2. New Principal Office Address, If Applicable			orporated or Qualified siness in Florida OF /13/1000	
742 Bear Creek Circle Suite, Apt. #, etc.	742 Bear Creek C1 Suite, Apt. #, etc.	C.I.E	05/15/1996	
City & State	City & State	5. FEI Numl	512043	
City & State Winter Springs, FL	Winter Springs, F		Not Applicable	
Z ₁ ρ Country 32708 US	Zip Countri 32708 IIS	CERTIFIC/	ATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o		ions must list at least 3 directors)		
Title(s) and/or Directors Offi		et Address of Each cer and/or Director	City / State / Zip	
D/P/S/T DOWD, E. MICHAEL		Post Office Box Numbers) 4 reek Circle Winter Springs FT 32708		
	742 Deal		Winter Springs, FL 32708	
		_		
		C	100003:02 1 7707 -10/22/9301012025	
	•		****150.00 ****150.00	
		C	0000030217707	

8. Name and Address of Current F	Registered Agent	9. Name and	Address of New Registered Agent	
E. MICHAEL DOWD R. MICHAEL				
			AL DOWD P.O. Box Number is Not Acceptable)	
Longwood, Florida 32779		742 Bear Creek Circle Suite Apt. W. Etc.		
		City Winter Springs	State Zip Code FL 32708	
10. I, being appointed the registered agent of the above	ve named corporation, am familiar w			
Signature of Registered Agent Rec	GISTERED AGENT MUST SIGN		Date October 19, 1999	
11. This corporation owes the Intangible Personal Propert		Yes □ No	(See other side for information on intangible tax.)	
	lution has been eliminated, the corpo ames of individuals listed on this for	ate name satisfies the requirement do not qualify for an exemption u	hapter 607 or 617, F.S. I further certify that when filing to of section 607.0401 or 617.0401, F.S., that all fees inder section 119.07(3)(i), F.S. The information indicated	
an ma	16) ()		10/10/00	
SIGNATURE: SIGNATURE AND TYPED OR PRINE. Michael Dows,		RECTOR	10/19/99 (407) 365-2930 Date Daytime Phone #	

10-19-99

DIVISION OF CORPORATIONS STATE OF FLORIDA TALLAHASSEE, FLORIDA

DOCUMENT & P9800044056

DEAR SIX OR MADAM,

I SPORE WITH STACEY IN YOUR OFFICE.

AND EXPLAINED THE ACCIDENTAL DISOLUTION OF OUR CORPORATE STATUS. THE PENALTIES WOULD BE CATASTROPHIC FOR US.

FORTHNATELY, SHE SALD THAT SINCE BOTHOF OUR NOTICES WERE NOT DELIVERED BYT
RETURNED TO YOUR OFFICE, WE COULD

THAT PAY THE \$150. FILING FEE AND BE