

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

**DOCUMENT # P980000457** *76*

1. Corporation Name  
American Realty Advisors, Inc.

**FILED**  
01 JUN 18 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address 1432 Canterbury Cir. Suite, Apt. #, etc.		3. Mailing Office Address 1432 Canterbury Cir. Suite, Apt. #, etc.	
City & State Casselberry, FL		City & State Casselberry, FL	
Zip 32707	Country USA	Zip 32707	Country USA

4. Date incorporated or Qualified To Do Business in Florida	5/18/1998
5. FEI Number	59-3527678
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name	Cook, Robert W.		
Street Address (P.O. Box Number is Not Acceptable)	1432 Canterbury Circle		
Suite, Apt. #, Etc.			
City	Casselberry	State	FL
		Zip Code	32707

1000044481 21--5  
-06/27/01--010 5--008  
\*\*\*\*900.00 \* 900.00

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 *Robert W. Cook* Date 6/11/2001

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Cook, Robert W.	1432 Canterbury Cir.	Casselberry / FL / 32707

**REINSTATEMENT** *06-11-01*

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)(b), 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: *Robert W. Cook* Robert W. Cook 6/11/2001 407-699-5337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATION (P.00)