PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED 00 MAY -3 AM 9: 52 DOCUMENT #7980000 50600 SECRETARY OF STATE TALLAHASSEE, FLORIDA O.SM. REAL ESTATE Holdings INC. 3. Mailing Office Address 2. Principal Office Address 04/27/99 90122 013 \$ 150 Suite, Apt. #, etc. Suite, Apt. #, etc Date incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For SEMINAR Not Applicable Zip Country Country Zip \$8.75 Additional Fee required 33776 CERTIFICATE OF STATUS DESIRED 🔀 33701 ひらね. 05A for a Certificate of Status 7. Name and Address of Current Registered Agent 035811 Street Address (P.O. Box Number is Not Acceptable AU E. Suite; Apt. #, Etc. 05/11/00--01014-****158.75 李米米注1号 City Zip Code 3377*G* 8. I, being appointed the registered agent of the above named a am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of 5-2-00 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip SEMULALE H3372 LOSEPH LA IORKE 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. <u>5-2-00(727)352-2348</u> SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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