

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P99000022500		
1. Corporation Name FLORIDA REAL ESTATE CONNECTION, INC.		

2. Principal Office Address 22079 KIMBLE AVENUE		3. Mailing Office Address P.O. BOX 484388	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT CHARLOTTE		City & State PORT CHARLOTTE	
Zip 33952	Country USA	Zip 33949	Country USA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000023679630
10/10/03--01008--008 **750.00

4. Date Incorporated or Qualified To Do Business in Florida 3/11/1999		
5. FEI Number 650901624		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent			
Name MICHAEL J. SIKORSKI			
Street Address (P.O. Box Number is Not Acceptable) 22079 KIMBLE AVENUE			
Suite, Apt. #, Etc.			
City PORT CHARLOTTE		State FL	Zip Code 33952

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 

Date **10-6-03**

CR2E081 (10/02)

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
PSTD	RICHARD J. SIKORSKI	22079 KIMBLE AVENUE	PORT CHARLOTTE, FL. 33952

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-03 941-764-8228

Date

Daytime Phone #

10/11