


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P99000043837</u>		FILED CLERK OF STATE DIVISION OF CORPORATIONS 03 NOV 12 PM 3:10 400024417374 11/21/03--01015--025 **150.00 REINSTATEMENT 03	
1. Corporation Name REELESTATES.COM, INC.			
2. Principal Office Address 13638 SW 142 AVENUE		3. Mailing Office Address SAME	
Suite, Apt. #, etc. #115		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33185	Country USA	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 5/13/1999	
		5. FEI Number 650931912	
		Applied For 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 BRIGID FLANIGAN			
Street Address (P.O. Box Number is Not Acceptable) 13638 SW 142 AVENUE			
Suite, Apt. #, Etc. #115			
City MIAMI, FLORIDA		State FL	Zip Code 33185
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 <u>Grigid Flanigan</u>		Date 11/10/03	
REGISTERED AGENT MUST SIGN			
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
(P)	BRIGID FLANIGAN	13638 SW 142 AVENUE #115	MIAMI, FL 33185
			400024417374
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: <u>Grigid Flanigan</u>		Date: <u>11/10/03</u> (305) 858-7335	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (10/02)