

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000052364

1. Corporation Name

PROPERTY and Real Estate Consultants, Inc.

600009795126
01/03/03--01009--006 **150.00

2. Principal Office Address

1455 N. Treasure Dr.

Suite, Apt. #, etc.

5-0

3. Mailing Office Address

1455 N. Treasure Dr.

Suite, Apt. #, etc.

5-0

City & State

~~N. BAY VILLAGE, FL~~

City & State

~~N. BAY VILLAGE, FL~~

Zip

33141

Country

USA

Zip

33141

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/09/99

5. FEI Number

650932361

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PETER KUHNERT

Street Address (P.O. Box Number is Not Acceptable)

1455 N. TREASURE DR

Suite, Apt. #, Etc.

5-0

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141

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

REGISTERED AGENT MUST SIGN

Date 12/10/02

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
Dir.	Peter Kuhnert	1455 N. Treasure Dr.	N. Bay Village, FL 33141

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:

KUHNERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/02

Date

954-4620061

Daytime Phone #

CRZE081 (9/01)