PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE REA	AD ALL INSTRUCTIO	NS BEFORE C	OMPLE III	IG THIS FURIM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTM Secretary of DIVISION OF COR	of State		FILED - 05 JAN 14 AM 8:57		
DOCUMENT # P9900087459 1. Corporation Name			SECRETARY OF STATE TALLABASSEE, ELGADIA			
Advantage Referrals, Inc.				, O. I.	(
2. Principal Office Address (A90) SW 18th St	3. Mailing Office Address	and Code call 11 mg		REINSTATEMENT 09-0		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	etc. 4. Da		Date Incorporated or Qualifled To Do Business in Florida -5 99		
Boca Raton, FI	Boca Rator		5. FEI Number	5-0952772 Applied For Not Applicable		
33433 Country USA	33432	USA	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent Name Fred Cohen Pulse 380864						
Street Address (P.O. Box Number is Not Acceptable) 7/2 US Highway one Suite, Apt. #, Etc.						
City North Palm Beach State Zip Code 33408						
Signature of Registered Agent Registered R						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le						
Titles Name of Officers and/or Dir		Street Address of Eac Officer and/or Direct	or	City / State / Zip		
				Boca Ration, Fl 33433		
V Innella, Lin	da <u>legol</u>	200 184, 84	Stc 10a	Boca Raton, F1 33433		
		·	4.0 01/26	00045451474 00501039021 **150.00		
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 filling 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #						



January 10, 2005

Florida Department of State Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

To Whom It May Concern:

Enclosed you will find four Corporate Reinstatement applications. On December 27, 2004 my application for a Fictitious Name Renewal was returned to me due to the fact that the corporation named as the owner was inactive. I was never notified that the enclosed four corporations were up for renewal of that they had expired. Per a phone conversation with the State I was instructed to file a reinstatement for the four corporations and include four checks in the amount of \$150.00 each. I was also instructed to include the original Fictitious Name Application. I followed all these instructions and the paperwork was received by the State on December 31, 2004. On January 10, 2005 I received all the applications back again stating it would cost an additional \$600.00 to reinstate them. I again called the State and was instructed to send another letter attached to each reinstatement with an explanation and requesting that the reinstatement fees be waived due to the fact I never received notification of the renewal. Even though the four applications were returned the original four checks #3796, #3795, #3794, #1143 in the amount of \$150.00 each were not returned. Therefore I am requesting these checks be applied to the four 2004 renewal and that the reinstatement fees be waived. I have also enclosed four additional checks in the amount of \$150.00 each for the 2005 renewals.

If you have any questions regarding this matter please call me at 561-394-7800

Alan R. Innella

Thank

Broker/Owner

RE/MAX Advantage Plus

RE/MAX Advantage Plus