

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 25 AM 9:36

DOCUMENT # **999000096676**

1. Corporation Name

E Realty International, INC

2. Principal Office Address - No P.O. Box #
260 Crandon Blvd

3. Mailing Office Address
260 Crandon Blvd

Suite, Apt. #, etc.
#49

Suite, Apt. #, etc.
#49

City & State
Key Biscayne, FL

City & State
Key Biscayne, FL

Zip
33149

Country
USA

Zip
33149

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida **11/3/1999**

5. FEI Number
65-1000234

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name
James Salas

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

Suite, Apt. #, Etc.
#49

City
Key Biscayne, FL

State
FL

Zip Code
33149

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

James Salas

REGISTERED AGENT MUST SIGN

Date **10/23/2007**

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	James Salas	260 Crandon Blvd #49	Key Biscayne, FL 33149

**B 10/31/07 600111360946
10/25/07--01046--013 **500.00**

REINSTATEMENT

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 contained in Chapter 119, 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: *James Salas* **JAMES SOLAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/2007
Date

305-300-6764
Daytime Phone #