PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** 99 DEC 22 AM 10: 13 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** 1. Corporation Name Wilma South Realty Corporation of Florida Mailing Address Principal Place of Business Suite 250 Suite 101 780 Johnson Ferry Road 1350 Tradeport Drive Jacksonville, FL 32218 Atlanta, GA 30342 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 10945 StateBridge Rd. January 13, Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 401-PMB29 Applied For City & State City & State 59-3100544 Not Applicable Alphaletta Country CERTIFICATE OF STATUS DESIRED X 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors Street Address of Each Name of Officers Officer and/or Director (Do NOT Use Post Office Box Numbers) City/State/Zip and/or Directors Title(s) 10945 State Bridge Rd. Alphare Hai # Suite 401-PMB293 Picsident 0023 Secretary 100008104961---01/20/00--01103--006 ****900.00 ****900.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) Bobby Beavers 1200 South Pine Island Rd Suite 101 Suite, Apt. #, Etc. 1350 Tradeport Drive Jacksonville, FL 32218 State : Zip Code « City 333240 Plantation 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of REGISTERED AGENT MUST SIGN Registered Agent 2 Does this corporation pay any intangible tax to the 11. (See other side for information. Dept, of Revenue under S. 199.032, Florida Statutes. Yes on intangible tax.) 12. Lido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. Line lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 geason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401 F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Daytime Phone # PRINTED NAME SIGNING OFFICER OR DIRECTOR

(FLA. - 2113 ~ 3/7/96) CT System