PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. DEPARIMENT OF STATE **APPLICATION FOR** FILED DIVISION OF 99 SEP -7 AMID: 00 DOCUMENT # \ 1 Corporation Name REALTY CONSULTANTS NETWORK, INC. Mailing Address 20981 VELANO WAY BOCA RATION, FL 33433 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 Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #. etc. Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zio Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Dc NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) PRES DANICL Boca Rayon FL 33433 20981 VERANG WAY ****550.00 ****550.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent DANKE SCHULT Z 20981 VELANO MY BOXA RATION, FL 33433 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code ed agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I being appointed the regist Signature of Registered Agent REGISTERED AGENT MUST SIGN This corporation owes the current year Intangible Personal Property Tax due June 30. (See other side for information on intangible tax.) Yes No Z 12 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 indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR