

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # 700989
 1. Entity Name
 EASTERN SHORES COMMUNITY APTS INC.



Principal Place of Business
 3741 NE 170TH ST.
 NORTH MIAMI BCH, FL 33160

Mailing Address
 3741 NE 170TH ST.
 NORTH MIAMI BCH, FL 33160

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~VERDES, IVANA~~
~~3681 NE 170TH ST~~
~~N. MIAMI BCH, FL 33160~~

7. Name and Address of New Registered Agent

Name: JOYCE BIELINSKI
 Street Address (P.O. Box Number is Not Acceptable): 3761 NE 170th ST
 City: N M B
 State: FL Zip Code: 33160

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature]
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

800049556498
 03/31/05 - 03/31/05

FILE NOW!!! FEE IS \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D VERDES, IVANA 3681 NE 170 ST NORTH MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANGEN, HELEN 3701 NE 170 ST NORTH MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIEDLER, EDDA 3751 NE 170 STREET NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RUTH, SPEIGEL 3681 NE 170 STREET NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, NATALIE 3701 NE 170 ST NORTH MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ORTIZ, FERNANDO 3721 NE 170 ST N ORTH MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REC. SEC. NALDI PETTITO 3751 NE 170th ST N M B FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES RICHARD ARNAS 3661 NE 170th N M B FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONNETTA FRANCO 3741 NE 170th N M B FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. DOMINIC POMPEI 3741 NE 170th ST N M B FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOYCE BIELINSKI 3761 NE 170th N M B FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. AL MEZZO 3751 NE 170th N M B FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

350
949-5845
 Date Day/Time Phone #