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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

DGW

CORPORATION REINSTATEMENT

BLV REALTY SALES INC.

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2009 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

08-09KS

DOCUMENT # F07000005915			
1. Entity Name BLV REALTY SALES INC.			
Principal Place of Business 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331		Mailing Address 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2020		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. The above stated 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: <u>Doreen Wallace</u>		Doreen Wallace Assistant Vice President DATE: <u>2/17/09</u>	
FILE NOW! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C BRENNERMAN, RAHEEM 220 PARK AVENUE, SUITE 654 NEW YORK, NY 10168	☐ Add	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BLV REALTY ORGANIZATION INC. 220 PARK AVENUE, SUITE 654 NEW YORK, NY 10168	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Add	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Add	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 143, Florida Statutes. I hereby certify that the information included 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 put on affidavits or oaths of the registration of the recorder of public records in this report is required by Chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment with this filing with all other filers empowered.			
SIGNATURE: <u>R.J. Brennerman</u>		2/13/09	