

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN 31 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

04-05

DOCUMENT # P02000090399

1. Entity Name
PRIME SOURCE REALTY INC.

Principal Place of Business 4141 N. MIAMI AVE STE 105-D MIAMI, FL 33127	Mailing Address 4141 N. MIAMI AVE STE 105-D MIAMI, FL 33127
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2. Principal Place of Business 4770 Biscayne Blvd Suite, Apt. #, etc. 600	3. Mailing Address 4770 Biscayne Blvd Suite, Apt. #, etc. 600
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 05-0527281	Not Applicable
Zip 33137	Country Dade	Zip 33137	Country Dade

6. Name and Address of Current Registered Agent

**WINKELMAN, CHARLES L PA
780 NE 69 ST.
#1207
MIAMI, FL 33138**

7. Name and Address of New Registered Agent

Name: **RON LAURENT**

Street Address (P.O. Box Number is Not Acceptable)
4770 Biscayne Blvd Ste 600

City: **MIAMI FL** Zip Code: **33137**

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]* DATE: **1/20/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	Delete <input type="checkbox"/>	TITLE WINKELMAN, CHARLES L	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
780 NE 69 ST #1207 MIAMI, FL 33138			
TITLE President	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME RON LAURENT		NAME	
STREET ADDRESS 4770 Biscayne Blvd Ste 600		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33137		CITY-ST-ZIP	
MIAMI FL 33137			
TITLE V. President	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Geste LeTang		NAME	
STREET ADDRESS 4770 Biscayne Blvd Ste 600		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33137		CITY-ST-ZIP	
MIAMI FL 33137			
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
		700046293447	
		02/10/05--01010--015 **300.00	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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: *Charles L Winkelman* DATE: **1/20/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #