2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 25 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121366

1. Entity Name
AURORA DEVELOPMENT REALTY, INC.

Principal Place of Business	Mailing Address
2000 S DIXIE HIGHWAY 100-H MIAMI, FL 33133	2000 S DIXIE HIGHWAY 100-H MIAMI, FL 33133

03032005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
168 SE 1st Street	168 SE 1st Street
Suite, Apt. #, etc.: Suite 1002	Suite, Apt. #, etc.: Suite 1002
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: Miami-Dade	Zip: 33131 Country: Miami-Dade

4. FEI Number: 54-2083415 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTILLO, ALVARO B 1390 BRICKELL AVE STE 200 MIAMI, FL 33131	Name: Margarita Guerrero Street Address (P.O. Box Number is Not Acceptable): 168 SE 1st Street Suite 1002 City: Miami FL Zip Code: 33131

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], Director 3/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUERRERO, MARGARITA 1390 BRICKELL AVE STE 200 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 168 SE 1st Street, Suite 1002 Miami, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200049892062 04/05/05--01028--011 **908.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 04-05	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 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: [signature] 3/20/05 (305) 379-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #