2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000030651

1. Entity Name
RUIZ PROPERTY MANAGEMENT, INC.

FILED
2005 OCT 21 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

08232005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
445 NW 125TH STREET NORTH MIAMI, FL 33168	445 NW 125TH STREET NORTH MIAMI, FL 33168

2. Principal Place of Business	3. Mailing Address
61 NW 108St	61 NW 108St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Shores, FL	City & State: Miami Shores, FL
Zip: 33168 Country: U.S.A	Zip: 33168 Country: USA

4. FEI Number: Applied For (X) / Not Applicable (X)

5. Certificate of Status Desired (X) $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLAIR, LAURENCE I 2021 TYLER STREET HOLLYWOOD, FL 33020	Name: Alfredo Ruiz Street Address (P.O. Box Number is Not Acceptable): 61 NW 108 St, City: Miami Shores FL Zip Code: 33168

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: Alfredo Ruiz, President Sept 01, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RUIZ, ALFREDO		NAME	
STREET ADDRESS	445 NW 125TH STREET		STREET ADDRESS	900060864009
CITY-ST-ZIP	NORTH MIAMI, FL 33168		CITY-ST-ZIP	10/21/05--01029--023 **300.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	900060864009
CITY-ST-ZIP			CITY-ST-ZIP	10/21/05--01029--024 **8.75
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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: Alfredo Ruiz 9/1/05 7862293862
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

10/26