



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000049436 1. Entity Name 105 NW 13 AVENUE HOLDING CORPORATION						FILED 06 MAY -3 PM 12:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2401 E ATLANTIC BLVD STE 314 POMPANO BEACH, FL 33062		Mailing Address 2401 E ATLANTIC BLVD STE 314 POMPANO BEACH, FL 33062					
2. Principal Place of Business 2420 YULE TREE DR. EDGEWATER FL		3. Mailing Address 2420 YULE TREE DR. EDGEWATER FL				04272006 REIN-P CR2E098 (11/05)	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		4. FEI Number APPLIED FOR		Applied For Not Applicable	
Zip 32141		Country USA		Zip 32141		Country USA	
6. Name and Address of Current Registered Agent PARADISO, DON A ESQ 2401 E ATLANTIC BLVD STE 314 POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name: DON A. PARADISO ESQ. Street Address (P.O. Box Number is Not Acceptable): 2420 YULE TREE DRIVE City: EDGEWATER FL 32141			
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: <i>Don A. Paradiso</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: April 27, 2006		(NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	D PARADISO, DON A 2401 E ATLANTIC BLVD STE 314 POMPANO BEACH, FL 33062			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2420 YULE TREE DRIVE EDGEWATER FL 32141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400074538774 05/15/06--01004--029 **308.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Don A. Paradiso</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 04/27/06		Daytime Phone #: 386-427-3629	