2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 01, 2005
Secretary of State

DOCUMENT# P04000051081

Entity Name: ALCAZAR MANAGEMENT CORP.

Current Principal Place of Business:

9174 HEATHRIDGE DR
BREAKERSWEST, FL 33411

New Principal Place of Business:

9174 HEATHRIDGE DR
BREAKERS WEST, FL 33411

Current Mailing Address:

9174 HEATHRIDGE DR
BREAKERSWEST, FL 33411

New Mailing Address:

9174 HEATHRIDGE DR
BREAKERS WEST, FL 33411

FEI Number: 55-0861441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ELSIE SANCHEZ

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCKENNA, TIMOTHY G
Address: 9174 HEATHRIDGE DR
City-St-Zip: BREAKERSWEST, FL 33411

Title: ST ( ) Delete
Name: EDWARDS, CRAIG J
Address: 9174 HEATHRIDGE DR
City-St-Zip: BREAKERSWEST, FL 33411

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EDWARDS, JOHN R
Address: 9174 HEATHRIDGE DR
City-St-Zip: BREAKERSWEST, FL 33411

Title: T (X) Change ( ) Addition
Name: EDWARDS, CRAIG J
Address: 9174 HEATHRIDGE DR
City-St-Zip: BREAKERSWEST, FL 33411

Title: VPS ( ) Change (X) Addition
Name: HOULIHAN, THOMAS P
Address: 9174 HEATHRIDGE DRIVE
City-St-Zip: BREAKERS WEST, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P. HOULIHAN VPS 11/01/2005

Electronic Signature of Signing Officer or Director — Date