

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000009518

1. Entity Name
EZ REALTY, INC.



FILED
04 OCT 25 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10222004 REIN-P CR2E098 (6/04)

Principal Place of Business
**1450W 68TH ST
STE B
HIALEAH, FL 33014**

Mailing Address
**1450W 68TH ST
STE B
HIALEAH, FL 33014**

2. Principal Place of Business
6625 MIAMI LAKES DR

3. Mailing Address
6625 MIAMI LAKES DR

Suite, Apt. #, etc.
375

Suite, Apt. #, etc.
375

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

Zip
33014

Country
MIAMI-DADE

Zip
33014

Country
MIAMI-DADE

4. FEI Number
65-1157722

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**LACAYO, MAURICIO JR
1450W 68TH ST
STE B
HIALEAH, FL 33014**

7. Name and Address of New Registered Agent
Name
LACAYO, MAURICIO JR
Street Address (P.O. Box Number is Not Acceptable)
6625 MIAMI LAKES DR
SUITE 375
City
MIAMI LAKES FL Zip Code
33014

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$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	P LACAYO, MAURICIO JR 1450W 68TH ST STE B HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACAYO, MAURICIO JR 6625 MIAMI LAKES DR, SUITE 375 MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LACAYO, NOEL 1450W 68TH ST STE B HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LACAYO, NOEL 6625 MIAMI LAKES DR, SUITE 375 MIAMI LAKES, FL 33014 <input checked="" 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	000042155470 10/25/04--01058--005 **150.00 <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
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/04
Date

Daytime Phone # _____