

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000049436

1. Entity Name  
105 NW 13 AVENUE HOLDING CORPORATION



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

City & State

City & State

Zip 32141

Country USA

Zip 32141

Country USA

04272006

REIN-P

CR2E098 (11/05)

4. FEI Number

U-3688938

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

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 DON A. Paradiso

April 27, 2006

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

TITLE D  
NAME PARADISO, DON A  
STREET ADDRESS 2401 E ATLANTIC BLVD STE 314  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 2420 YULE TREE DRIVE  
STREET ADDRESS EDGEWATER FL 32141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME 400074538774  
STREET ADDRESS 05/15/06--01004--029 \*\*308.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: DON A. Paradiso

04/27/06

386-427-3629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #