## 2007 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTATEMENT					FILED				
DOCUMENT # J43294						1 1	is the			
1. Entity Name HIGHLAND BEACH REAL ESTATE HOLDINGS, INC.					2007 OCT 23 PM 3: 04					
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE.FLORID					
4612 S. OCE		4612 S. OCEAN BLVD HIGHLAND BEACH, FL 33487 US						1800 B4811		
Principal Place of Business - No P.O. Box #     3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			10162007	RËIN-P	CR2E098 (1	/07)		
City & State		City & State		4. FEI Numb			$\rightarrow$	olied For Applicable		
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired	□ \$8.7			
6. Name and Address of Current Regis		Registered Agent	<del></del>		7. Namo ano	Address of New R	egistered Agent			
MILANI, CAMILLO D										
4612 S. OCEAN BLVD HIGHLAND BEACH, FL 33487				Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					
8. The above named entity admits his 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 NOWI!! FEE IS \$150.00 After January 1, 2008, 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 OFFI	CERS AND DIREC	CTORS	IN 11	
TITLE NAME	DPV MILANI, LUCIA	☐ Delete	TITL NAM	ľ			☐ Ch	ange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4612 S. OCEAN BLVD HIGHLAND BEACH, FL 33487		STRE	ET ADDRESS -ST-ZIP	71 10/25	712 1 1 1 707 - didis	9404 -025 **1	? .50.≀	00	
TITLE NAME	ST MILANI, CAMILLO D	☐ Delete	TITL				Ct	ange	Addition	
STREET ADDRESS	4612 S. OCEAN BLVD		NAM STRE	ET ADDRESS					ŀ	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		-	- ST-ZIP						
TITLE NAME		☐ Delete	TITL				☐ Ch	ange	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE NAME		☐ Delete	TITL				☐ CH	ange	☐ Addition	
STREET ADDRESS				ET ADDRESS					Ì	
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE NAME		☐ Delete	TITL				☐ Ch	ange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP						
TITLE		□ Delete	TITL				Cr	ange	Addition	
NAME		<del></del>	NAM	·			_	-	_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - S1 - 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.										

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