2008 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nar	IMENT # 252066 THE SON APARTMENTS, INC.				201	FILI M JAN 13		? L	
Principal Plac	ce of Business	Mailing Address		<u> </u>	1	,, O , j	m 0'.	J 0	
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2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address]	FIN e ileli eene eine e ine ein	i endi bizh endi	airi iki edi	
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Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			12082008	REIN-P	CR2E0	98 (1/07)	
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		r			5. Cermicate o	f Status Desired		ee Required	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New R	egistered A	gent	
5015110				Name					
BOLDUC,				Street Address (P.O. Box Number	is Not Acceptable	<u> </u>		
707 S 19T	OOD, FL 33020			Olivet Address (1 .O. BOX HUMBER	is ivoi Acceptable			
HOLLIW	JOD, FL 33020					•			
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		•		City			FL	Zip Code	3
8. The above	a named entity submits this statement fo	the purpose of changing i	ts register	ed office or register	ed agent, or both	in the State of Flo	rida. Tam fa	miliar with, a	and accept
the obligat	tions of registered agent								
SIGNATURE.									
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NO	TE: Register	id Agent elgnature requir	ed when reinstating)		DATE		
	E NOW!!! FEE IS \$750.00 nuary 1, 2009, Fee will be \$900.0	o		,		didn't re			ice
After Jar	nuary 1, 2009, Fee will be \$900.0			ı		tcfile re	eport.		
After Jan	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	tofile re	eport.	DIRECTORS	S IN 11
After Jai	OFFICERS AND		TITLE		ADDITIONS/C	tofile re	eport.	DIRECTORS	S IN 11
10. UTLE NAME	OFFICERS AND VP ROMM, RINA	DIRECTORS	TITLE NAME	:	ADDITIONS/C	tofile re HANGES TO OFFI 10901005	eport. 003	DIRECTORS	S IN 11
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