

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 569419</b> 1. Entity Name <b>BOYETT PROPERTIES, INC.</b>						07 JUL 16 PM 2:24 STATE HALLANDALE, FLORIDA	
Principal Place of Business <b>1500 SAN REMO AVENUE SUITE #203 MIAMI, FL 33146 US</b>				Mailing Address <b>1500 SAN REMO AVENUE SUITE #203 MIAMI, FL 33146 US</b>			
2. Principal Place of Business - No P.O. Box # <b>1325 Miller Road</b>				3. Mailing Address <b>P. O. Box 26765</b>			
Suite, Apt. #, etc. <b>Suite D</b>				Suite, Apt. #, etc.			
City & State <b>Greenville, SC 29607</b>				City & State <b>Greenville, SC 29616</b>			
Zip <b>29607</b>		Country <b>USA</b>		Zip <b>29616</b>		Country <b>USA</b>	
4. FEI Number <b>59-1816501</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BOYETT, JAMES L 1500 SAN REMO SUITE #203 MIAMI, FL 33146</b>				7. Name and Address of New Registered Agent Name <b>James L. Boyett</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 San Remo Ave.</b> <b>Suite #190</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33146</b>			
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)			
DATE <b>7/16/07</b>				DATE			
<b>FILE NOW!!! FEE IS \$300.00</b>				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 <b>BOYETT, JAMES L.</b> <input type="checkbox"/> Delete <b>1500 SAN REMO, SUITE 203</b> <b>MIAMI, FL 33146</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>James L. Boyett</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1325 Miller Road, Suite D</b> <b>Greenville, S.C. 29607</b>		
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		
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>7/16/07</b>			
864-675-0075				Daytime Phone #			