

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT #651158

1. Entity Name
SHAPAR REALTY CO.



FILED

07 JAN 24 PM 3:53

JK
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 0607
10312006 REIN-P CR2E098 (11/05)

Principal Place of Business
19 PINTA RD.,
MIAMI, FL 33133

Mailing Address
19 PINTA RD.,
MIAMI, FL 33133

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
22-2341174

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

SHANDLOFF, NED M.
4750 E SUNRISE BLVD
FT LAUDERDALE, FL 33304

9497 OLD PINE RD
BOCA RATON, FL
33428

NED M. SHANDLOFF

Name -

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 *Ned M. Shandloff*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/18/07

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE VD Delete
NAME SHANDLOFF, BEATRICE
STREET ADDRESS 19 PINTA RD.
CITY-ST-ZIP MIAMI, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD Delete
NAME SCHAPIRO, MORRIS
STREET ADDRESS 454-347 PROSPECT AVE.
CITY-ST-ZIP W. ORANGE, NJ

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

500086472785
01/30/07-01005--018 ***900.00

TITLE SD Delete
NAME SHANDLOFF, NED M.
STREET ADDRESS 9497 OLD PINE RD.
CITY-ST-ZIP BOCA RATON, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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: *Beatrice Shandloff BEATRICE SHANDLOFF 11/25/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-
954-1452