

2006 FOR PROFIT CORPORATION REINSTATEMENT


FILED

07 JAN 24 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07
10312006 REIN:P GR2E098 (11/05)

DOCUMENT #651158					
1. Entity Name SHAPAR REALTY CO.					
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		
Zip		Country	Zip		Country
4. FEI Number 22-2341174			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHANDLOFF, NED M. 1730 E SUNRISE BLVD FT LAUDERDALE, FL 33304			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
9497 OLD PINE RD BOCA RATON, FL 33428					
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: <u>Ned Shandloff</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/18/07</u>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHANDLOFF, BEATRICE		NAME		
STREET ADDRESS	19 PINTA RD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAPIRO, MORRIS		NAME		
STREET ADDRESS	454-347 PROSPECT AVE.		STREET ADDRESS		
CITY-ST-ZIP	W. ORANGE, NJ		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHANDLOFF, NED M.		NAME		
STREET ADDRESS	9497 OLD PINE RD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Beatrice Shandloff</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>11/25/06</u> Date		
			DAYTIME PHONE: <u>305-954-1452</u> Daytime Phone #		