

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 30, 2009  
Secretary of State**

DOCUMENT# 651158

Entity Name: SHAPAR REALTY CO.

**Current Principal Place of Business:**

9497 OLD PINE ROAD  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

9497 OLD PINE ROAD  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 22-2341174      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHANDLOFF, NED M  
9497 OLD PINE RD.  
BOCA RATON, FL 33428      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: NED M. SHANDLOFF

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SHANDLOFF, BEATRICE  
Address: 19 PINTA RD.  
City-St-Zip: MIAMI, FL 33133

Title: PD ( ) Delete  
Name: SCHAPIRO, MORRIS  
Address: 347 ARANEO DRIVE  
City-St-Zip: W. ORANGE, NJ 07052

Title: SD ( ) Delete  
Name: SHANDLOFF, NED M.  
Address: 9497 OLD PINE RD.  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NED M. SHANDLOFF

Electronic Signature of Signing Officer or Director

SD

09/30/2009

Date