


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H28452		
1. Entity Name TOTAL SERVICE REALTY CORP.		

FILED
05 NOV -1 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2440 MIAMI GARDENS DR SUITE 103 NORTH MIAMI BEACH, FL 33180 US	Mailing Address 3600 NE 167TH STREET NORTH MIAMI BEACH, FL 33160 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10192005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent	
WEINTRAUB, AMALIA 3600 NE 167 ST. NO MIAMI BCH, FL 33160	

7. Name and Address of New Registered Agent	
Name	AMOS WEINTRAUB
Street Address (P.O. Box Number is Not Acceptable)	3600 NE 167 Street
City	North Miami Beach
City	Florida FL 33160

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	10-24-2005
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WEINTRAUB, AMALIA
STREET ADDRESS	3600 NE 167 ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
	<input checked="" type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD
NAME	AMOS WEINTRAUB
STREET ADDRESS	3600 NE 167 Street
CITY-ST-ZIP	North Miami Beach FL 33160
	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:	AMALIA WEINTRAUB 305-954-7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	