


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J14604 1. Entity Name HARTMAN REAL ESTATE, INC.						FILED 05 SEP -1 PM 12:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 815 COLORADO AVE SUITE 101 STUART, FL 34994 US				Mailing Address 3140 SE ST LUCIE BLVD STUART, FL 34997 US			
2. Principal Place of Business 2694 S.E. Willoughby Blvd.				3. Mailing Address 3140 S.E. St. Lucie Blvd			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State STUART FL		City & State STUART FL		4. FEI Number 65-0084053 25-1924433		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 34997		Country USA		Zip 34997		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent HARTMAN, PETER 815 COLORADO AVE SUITE 101 STUART, FL 34994				7. Name and Address of New Registered Agent Name Hartman, Peter Street Address (P.O. Box Number is Not Acceptable) 2694 S.E. Willoughby Blvd 3140 S.E. ST. LUCIE BLVD City STUART FL Zip Code 34997			
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><i>Peter Hartman</i></u> 8/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP DP HARTMAN, PETER 3140 SE ST LUCIE BLVD STUART, FL 34997 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 800059241728 09/01/05--01047--002 ***500.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD HARTMAN, REBECCA 3140 SE ST LUCIE BLVD STUART, FL 34997 <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 ST HARTMAN, REBECCA 3140 SE ST LUCIE BLVD STUART, FL 34997 <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 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: <u><i>Peter Hartman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>8/29/05</u> Daytime Phone # <u>772-287-4690</u>			