

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #K19062

1. Entity Name  
ADVANTAGE PROPERTIES, INC.



FILED

06 OCT 31 PM 3:35

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1900 CORPORATE BLVD  
102 WEST  
BOCA RATON, FL 33431 US

Mailing Address  
1900 CORPORATE BLVD  
102 WEST  
BOCA RATON, FL 33431 US

2. Principal Place of Business  
4800 N. Federal Hwy  
Suite, Apt. #, etc.  
Suite B205  
City & State  
Boca Raton, FL  
Zip  
33431  
Country  
USA

3. Mailing Address  
4800 N. Federal Hwy  
Suite, Apt. #, etc.  
Suite B205  
City & State  
Boca Raton, FL  
Zip  
33431  
Country  
USA



10252006 REIN-P CR2E098 (11/05) 06

4. FEI Number  
65-0044077  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ZUKER, HARRY  
1900 N.W. CORPORATE BLVD.  
#102W  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent  
Name  
Zuker, Harry  
Street Address (P.O. Box Number is Not Acceptable)  
4800 N. Federal Hwy  
Ste B205  
City  
Boca Raton  
FL  
Zip Code  
33431

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 *[Signature]* DATE 10/26/06  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUKER, HARRY H.		NAME		
STREET ADDRESS	2895 TIMBERCREEK CIRCLE		STREET ADDRESS	1800 N. Federal Hwy, Ste B205	
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	600081352326	
CITY-ST-ZIP			CITY-ST-ZIP	10/31/06--01016--006 **150.00	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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: *[Signature]* DATE 10/26/06 561-999-0006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR