


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # M93177**

1. Entity Name  
**SOUTH FLORIDA COMMERCIAL REALTY, INC.**




Principal Place of Business  
**16095 NW 57TH AVE.  
HIALEAH, FL 33014**

Mailing Address  
**16095 NW 57TH AVE.  
HIALEAH, FL 33014**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

FILED  
04 NOV 12 AM 10: 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10212004 REIN-P CR2E098 (6/04)

4. FEI Number  
**65-0064951** Applied For  
Not Applicable

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

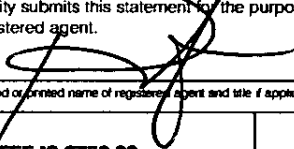
**6. Name and Address of Current Registered Agent**

**GRESS, ROBERT  
16095 NW 57TH AVE.  
HIALEAH, FL 33014**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **10/21/04**

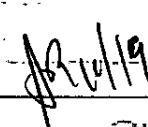
**FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00**

REINSTATEMENT 04

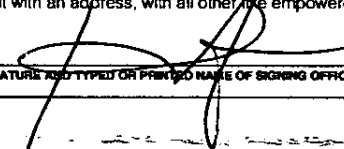
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRESS, ROBERT</b> <b>16095 NW 57TH AVE.</b> <b>HIALEAH, FL 33014</b>	<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
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 1**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>11/23/04--01054--001</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300042104613</b> <b>11/29/04--01054--001</b> <b>**603.75</b>	<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	<b>300042104613</b> <b>10/22/04--01040--005</b> <b>**155.00</b>	<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, I am empowered.

**SIGNATURE:**  DATE: **10/21/04** DAYTIME PHONE #: **954-682-1944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR