2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M93177					,		
1. Entity Name SOUTH FLORIDA COMMERCIAL REALTY, INC.					FILED		
			٠ ال				
Principal Plac	e of Business	Mailing Address	<u>~ </u>		04 NOV 12 AM	10: 02	
16095 NW 57TH AVE.		16095 NW 57TH AVE.			SECRETARY OF	STATE	
HIALEAH, FL 33014		HIALEAH, FL 33014			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		√10212004 REIN-P	CR2E098 (6/04)		
City & State		City & State		4. FEI Number	Ar	oplied For	
					65-0064951		ot Applicable
Zip	Country	Zip	Count	Ty .	5. Certificate of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	t Registered Agent			7. Name and Address of New R	agistered Agent	
GRESS, ROBERT				Name			
16095 NW		Street Address		(P.O. Box Number is Not Acceptable)			
HIALEAH, FL 33014							
				City		FL Zip Cod	e
8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce							
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered abort and title & applicable. (NOTE: Registered Agent signature required when relisabiliting) DATE							
the state of the s							
FILE NOWIII/FEE 13 \$750.00 After January 1, 2005, Fee will be \$800.00							
10.	OFFICERS AND		11.		ADDITIONS CHANGES TO CHE		S/N/T
TITLE NAME	D GRESS, ROBERT	☐ Delete	TITLE	ľ	14/29/04-0105	- BOY - CANADA	7. Parition
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CITY-ST-ZIP	HIALEAH, FL 33014		-	ST-ZIP			<u></u>
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NAME STREET LOODS OF			NAME	•		<u> </u>	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP			
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 suppliemental reports the 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/bye empowered.							
cnanged	, ог от an aцасртент with an address,	, with all other tree empowered.			· */· /	A	3 mil
SIGNAT	TURE:	PRINTED HAVE OF SIGHING OFFICER	00 000	ne	10/21/00	1 454-68	d 7744
<u> </u>	and the Agus 17920 OH	THE OF STATES OF STATES	ON UNRECT		, Date)	Daytime Phone #	
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