


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000004200		
1. Entity Name A+ REALTY AND INVESTMENT, INC.		

FILED

06 FEB 15 PM 4:38

REINSTATEMENT A 05-06



01102006 REIN-P CR2E098 (11/05)

Principal Place of Business 19501 NE 10TH AVENUE SUITE H NORTH MIAMI BEACH, FL 33179	Mailing Address 19501 NE 10TH AVENUE SUITE H NORTH MIAMI BEACH, FL 33179
---	---

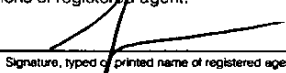
2. Principal Place of Business 151 NE 10th Street Suite, Apt. #, etc.	3. Mailing Address 151 NE 10th Street Suite, Apt. #, etc.
---	---

City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 65-0976433	Applied For Not Applicable
Zip 33102	Country None	Zip 33102	Country None

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

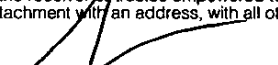
6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE A 19501 NE 10TH AVE SUITE H MIAMI, FL 33179	
---	--

7. Name and Address of New Registered Agent Name 151 NE 10th Street Street Address (P.O. Box Number is Not Acceptable) City Miami FL Zip Code 33102	
---	--

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 	DATE 02/08/06

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	P RODRIGUEZ, JOSE 19501 NE 10TH AVE SUITE A MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rodriguez, Jose 151 NE 10th ST Miami, FL 33102 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600066130406 02/17/06--01018--018 **908.75 <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
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
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 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: 	DATE 02/08/06 Daytime Phone #