## 2004 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	DOCUMENT # P00000027481						* *		
	1. Entity Name EQUALITY DEVELOPMENT, INC.						HED		
Principal Plac	IT DEVELO	PMENI, INC.				7			
Principal Plac					100	04 OCT	25 AH II	l: 55	
,	ce of Business		Mailing Addres				Įi (i	į	
452 SW 10ST			452 SW 10ST			7.441.411	ARTUM S ASSEË, FL	legalia Watek	
MIAMI, FL 3	33130		MIAMI, FL 33	1130		TALLAN!	433EE, FE	VI dDy.	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			40222004 - DEIN G	CD	0E000 (8(04)	
						10222004 REIN-P	UR.	2E098 (6/04)	
			City & State			4. FEI Number 65-0991251	•	<del> </del>	plied For at Applicable
Zip		Country	Zip Cou		untry		🔀	\$8.75 Add	<del></del>
						5. Certificate of Status De		Fee Require	
	6. Name a	nd Address of Currer	nt Registered Agent		Name I	7. Name and Address of	New Régistere	nd Agent	
OLIVERA	, ELIZABETH	1			Leiva Abraham				
7245 NW					Street Address	s (P.O. Box Number is Not Acc	ceptable)		
MIAMI, FL 33126					32	1 56.77	AUE		
					1	an;		Zip Cod	e
O The sheet		d to mitte their many	4		1 18/1		_	- 1 '5"	71 Y 4
the obliga	ations of register	agent.	for the ourpose of cri	ianging its regist	ered office or regis	tered agent, or both, in the Sta	ie or monica. Ta	un tamuar wim,	and accept
SIGNATURE.	- ///	apple X	11166						
SIGNATURE	Signature, typed or	printed name of tall stared ago	ant and title if applicable.	(NOTE: Regis	dered Agent signature rec	puired when reinstalling)	DAT	E	
	HLE NOW!!! FE Musey 1, 2005	5, Fee will be \$300	0.00			corporati	lance with s. 6 ion did not rec	607.193(2)(0), Bive the prior (	r.S., the notice.
10.		OFFICERS AN	ID DIRECTORS		1.	ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE	PSTD	AAI		50.0.0	TILE			Change	☐ Addition
NAME STREET ADDRESS	LEIVA, SUS 3620 SW 12			9	TREET ADDRESS				
CTTY-ST-ZIP	MIAMI, FL				CITY-ST-ZIP				
TITLE	PSTD		<b>X</b>	Delete T	TILE			☐ Change	☐ Addition
NAME STREET ADDRESS	SUSAN, LE		,		TREET ADDRESS				
CITY-ST-ZIP	452 SW 103			1	CITY-ST-ZIP				
TITLE	1			Delete T	TILE .			☐ Change	Addition
NAME			_,		IANE				_
STREET ADDRESS CHY-ST-ZIP	s		•		STREET ADDRESS : STY-ST-ZIP				
	+					·		☐ Change	☐ Addition
TITLE NAME	1				AME .			□ crange	CT VOURION
STREET ADDRESS	s			s	STREET ADDRESS				
CITY-ST-ZIP	<del> </del>				CITY-ST-ZIP				
					ITLE		راسان رسمان وسال وي	Change	Addition
TITLE	s				MAME STREET ADDRESS	<b>9000</b> 11/12/04	4259	P751	0 75
	1			c	CITY-ST-ZIP	11/16/04~~		いつ ***10 	0.13
TITLE NAME					MTE .	•		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				1 6	NAME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		•			TOCCT ANNUACES				
HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	s	•			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		nformation supplied w	with this filing does no		CITY-ST-ZIP	Section 119.07(3)(i), Florida S	tatutes. I further	certify that the i	nformation
ITILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicate of the co	y certify that the i	receiver or trustee en	npowered to execute	t qualify for the e and that my sig this report as rec	exemption stated in inature shall have the	Section 119.07(3)(i), Florida S ne same legal effect as if made 607, Florida Statutes; and that	tatutes. I further a under oath; tha my name appea	certify that the i at I am an officer ins in Block 10 o	nformation or director r Block 11 if
ITILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicate of the co	y certify that the i	information supplied w or supplemental repor receiver or trustee en hment with an addres	npowered to execute	t qualify for the e and that my sig this report as rec	exemption stated in inature shall have the	607, Florida Statutes; and that	my name appea	irs in Block 10 o	r Block 11 if
TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicate of the co	y certify that the ied on this report or or the or, or on an attac	receiver or trustee en	npowered to execute s, with all other like ea	t qualify for the e and that my sig this report as red mpowered.	exemption stated in inature shall have the quired by Chapter 6	607, Florida Statutes; and that	tatutes. I further e under oath; tha	irs in Block 10 o	r Block 11 if