

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000042055 1. Entity Name CAPITAL REAL ESTATE GROUP, INC.						FILED 05 JUN -2 PM 4:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2255 GLADES ROAD #218A BOCA RATON, FL 33431				Mailing Address 2255 GLADES ROAD #218A BOCA RATON, FL 33431			
2. Principal Place of Business 4000 Hollywood Blvd Suite, Apt. #, etc. 165-South		3. Mailing Address 4000 Hollywood Blvd Suite, Apt. #, etc. 165-South		 REINSTATEMENT 04-05 06/01/2005 FILING CR2509876/14			
City & State Hollywood FL		City & State Hollywood, FL					
Zip 33021		Zip 33021					
Country USA		Country USA		4. FEI Number 65-0947947		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HANDLER, HENRY B 2255 GLADES ROAD #218A BOCA RATON, FL 33431			
7. Name and Address of New Registered Agent Name Capital Real Estate Group - Kurt Murphy Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd #165-South City Hollywood FL Zip Code 33021							
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 <u>Kurt Murphy</u> DATE 6/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>							
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	D FEINBERG, JOEL <input type="checkbox"/> Delete 4000 HOLLYWOOD BLVD. #200 #165-South HOLLYWOOD, FL 33021			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kurt Murphy 4000 Hollywood Blvd #165-South Hollywood, FL 33021		
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		
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 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, without other like empowered.							
SIGNATURE: <u>Kurt Murphy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				6/1/05 <small>Date</small>		954-961-1492 <small>Daytime Phone #</small>	