


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000046815</b> 1. Entity Name SEDGWICK DEVELOPERS, INC.						FILED 06 NOV 16 PM 3: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176				Mailing Address 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3652961				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 FERNANDEZ-VALLE, MARIA ESQ. 999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name <u>Larry Heller</u> Street Address (P.O. Box Number is Not Acceptable) <u>One Biscayne Tower, 15th Floor</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33131</u>			
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>[Signature]</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				<u>Larry Heller</u> <u>11/14/06</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP <input type="checkbox"/> Delete NAME ISENBERGH, ERIC D STREET ADDRESS 10405 BLOOMINGDALE AVE CITY-ST-ZIP RIVERVIEW, FL 33569				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>Izenbergh, Eric D</u> STREET ADDRESS <u>4904 Eisenhower Blvd, Suite 150</u> CITY-ST-ZIP <u>Tampa, FL 33634</u>			
TITLE DS <input type="checkbox"/> Delete NAME ROBLES, FRANK STREET ADDRESS 11030 N. KENDALL DRIVE SUITE 100 CITY-ST-ZIP MIAMI, FL 33176				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>600081848676</u> STREET ADDRESS <u>11/16/06--01037--007 **750.00</u> CITY-ST-ZIP			
TITLE DVP <input type="checkbox"/> Delete NAME ROBLES, ALEJANDRO STREET ADDRESS 11030 N. KENDALL DRIVE SUITE 100 CITY-ST-ZIP MIAMI, FL 33176				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>11/13/2006</u> <u>(315) 271-6997</u> <small>Date Daytime Phone #</small>			