


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
04 OCT 25 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000009518**


1. Entity Name  
**EZ REALTY, INC.**



Principal Place of Business <b>1450W 68TH ST STE B HIALEAH, FL 33014</b>	Mailing Address <b>1450W 68TH ST STE B HIALEAH, FL 33014</b>
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2. Principal Place of Business <b>6625 MIAMI LAKES DR</b>	3. Mailing Address <b>6625 MIAMI LAKES DR</b>
Suite, Apt. #, etc. <b>375</b>	Suite, Apt. #, etc. <b>375</b>

City & State <b>MIAMI LAKES, FL</b>	City & State <b>MIAMI LAKES, FL</b>
Zip <b>33014</b>	Country <b>MIAMI-DADE</b>



10222004 REIN-P CR2E098 (6/04)

4. FEI Number <b>65-1157722</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**LACAYO, MAURICIO JR  
1450W 68TH ST  
STE B  
HIALEAH, FL 33014**

**7. Name and Address of New Registered Agent**

Name <b>LACAYO, MAURICIO JR</b>
Street Address (P.O. Box Number is Not Acceptable) <b>6625 MIAMI LAKES DR</b>
<b>SUITE 375</b>
City <b>MIAMI LAKES</b> <b>FL</b> Zip Code <b>33014</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	NAME <b>LACAYO, MAURICIO JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1450W 68TH ST STE B</b>		
CITY-ST-ZIP <b>HIALEAH, FL 33014</b>		
TITLE <b>VP</b>	NAME <b>LACAYO, NOEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1450W 68TH ST STE B</b>		
CITY-ST-ZIP <b>HIALEAH, FL 33014</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>LACAYO MAURICIO JR</b>	NAME <b>LACAYO MAURICIO JR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6625 MIAMI LAKES DR, SUITE 375</b>		
CITY-ST-ZIP <b>MIAMI LAKES, FL 33014</b>		
TITLE <b>VP</b>	NAME <b>LACAYO NOEL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6625 MIAMI LAKES DR, SUITE 375</b>		
CITY-ST-ZIP <b>MIAMI LAKES, FL 33014</b>		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

**000042155470**  
**10/25/04--01058--005 \*\*150.00**

**REINSTATEMENT**

*[Signature]* 10/28

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, with all other like empowered.

**SIGNATURE:** *[Signature]*      **10/22/04**      Date      Daytime Phone #