


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

City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL
Zip 33014	Country MIAMI-DADE
Zip 33014	Country MIAMI-DADE



10222004 REIN-P CR2E098 (6/04)

4. FEI Number - **65-1157722** - Applied For - Not Applicable

5. Certificate of Status Desired **\$8.75** 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 **LACAYO, MAURICIO JR**

Street Address (P.O. Box Number is Not Acceptable)
**6625 MIAMI LAKES DR
SUITE 375**

City **MIAMI LAKES** FL Zip Code **33014**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE LACAYO MAURICIO JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LACAYO MAURICIO JR	
STREET ADDRESS 6625 MIAMI LAKES DR, SUITE 375	
CITY-ST-ZIP MIAMI LAKES, FL 33014	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LACAYO NOEL	
STREET ADDRESS 6625 MIAMI LAKES DR, SUITE 375	
CITY-ST-ZIP MIAMI LAKES, FL 33014	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 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: _____ **10/22/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT

[Handwritten Signature]
10/28