

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000029022					
1. Entity Name REAL ESTATE PRO MAX, INC.					
Principal Place of Business 1211 N WESTSHORE BLVD SUITE 100 TAMPA, FL 33607			Mailing Address 1211 N WESTSHORE BLVD SUITE 100 TAMPA, FL 33607		
2. Principal Place of Business 2901 EAGLE ESTATES CIR S Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State CLEARWATER, FL Zip: 33761 Country: US		City & State City & State Zip Country		4. FEI Number 35-2070863	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LLOYD, DEBORAH A 2810 COUNTRYSIDE BLVD #1 CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name: Deborah Lloyd Street Address (P.O. Box Number is Not Acceptable): 2901 Eagle Estates Cir S City: CLEARWATER FL Zip Code: 33761		
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>Deborah Lloyd</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: LLOYD, DEBORAH A STREET ADDRESS: 2810 COUNTRYSIDE BLVD #1 CITY-ST-ZIP: CLEARWATER, FL 33761	<input type="checkbox"/> Delete		TITLE: PRES NAME: LLOYD, DEBORAH STREET ADDRESS: 2901 EAGLE ESTATES CIR S CITY-ST-ZIP: CLEARWATER, FL 33761	<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	
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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>Deborah Lloyd</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/11/06</u> Daytime Phone #:		

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