2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000053399

1. Entity Name
ERS PROPERTIES, INC.

FILED
06 JAN -9 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
215 N.E. 59TH ST. MIAMI, FL 33137	215 N.E. 59TH ST. MIAMI, FL 33137

REINSTATEMENT 01042006 REIN-P CR2E098 (11/05) 05-06

2. Principal Place of Business	3. Mailing Address
2822 PINE TREE DR.	2822 PINE TREE DR.
Suite, Apt. #, etc.: #6	Suite, Apt. #, etc.: #6
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL.
Zip: 33140 Country: MIAMI-DADE	Zip: 33140 Country: USA

4. FEI Number: 03-0392148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHICKMAN, S. OSHER 215 N.E. 59TH ST. MIAMI, FL 33137	Name: S OSHER SCHICKMAN / PRESIDENT Street Address (P.O. Box Number is Not Acceptable): 2822 PINE TREE DRIVE #6 City: MIAMI BEACH FL Zip Code: 33140

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: S Osher Schickman 1/04/06
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHICKMAN, S. OSHER 215 N.E. 59TH ST. MIAMI, FL 33137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SCHICKMAN, S. OSHER 2822 PINE TREE DRIVE #6 MIAMI BEACH FL 33140 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100063569831 01/12/06--01055--022 **300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$ 1/10	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100063569831 01/12/06--01055--023 **8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: S Osher Schickman 1/5/06 305 532 5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
S. OSHER SCHICKMAN 1/5/06 305 532 5979