2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000063616

1. Entity Name INVESTMENT EQUITIES ASSOCIATES, INC.

FILED
06 JAN -4 PM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

01042005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
801 BRICKELL KEY	801 BRICKELL KEY
Suite, Apt. #, etc. 1905 BOULEVARD.	Suite, Apt. #, etc. 1905 Boulevard.
City & State MIAMI FL	City & State MIAMI FL
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 800034290 ☐ 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
WERNER MICHAEL B. 1111 LINCOLN RD. SUITE 400 MIAMI BEACH FL 33139	Name YAMILA CUERVO Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Key Boulevard City MIAMI FL Zip Code 33131

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 YCUERVO 12/29/05
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 P NAME STREET ADDRESS CITY-ST-ZIP	WERNER, MICAEL 1111 LINCOLN RD.	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	YAMILA CUERVO 801 BRICKELL KEY BOULEVARD MIAMI FL 33131 ☒ Change ☐ Addition
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	GONFINKLE, BENJAMIN. 1111 LINCOLN RD.	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900063985409 01/18/06--01079--030 **150.00 ☐ Change ☐ Addition
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	GONFINKLE, BENJAMIN. 1111 LINCOLN RD.	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900063985409 01/18/06--01079--031 **750.00 ☐ 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 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: YCUERVO