


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000095622 1. Entity Name OVERSEAS REALTY SERVICES CORP.						FILED 06 OCT -9 PM 2:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1501 STATE RD 4A LITTLE TORCH KEY, FL 33042				Mailing Address 1501 STATE RD 4A LITTLE TORCH KEY, FL 33042			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent RICH, CS 1501 STATE RD 4A LITTLE TORCH KEY, FL 33042				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 65-1148415			
Signature, typed or printed name of registered agent and title if applicable.				Applied For <input type="checkbox"/> Not Applicable			
SIGNATURE <u>C SRICH</u>				DATE <u>10/3/06</u>			
(NOTE: Registered Agent signature required when reinstating)				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
P RICH, C S 1501 STATE RD 4A LITTLE TORCH KEY, FL 33042				500080635185 10/09/06--01035--014 **150.00			
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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>C SRICH</u>				SIGNATURE: <u>CSRich</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>10/3/06</u> Daytime Phone # <u>305-8721090</u>			