2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2005
Secretary of State

DOCUMENT# P01000099455

Entity Name: REALTY SPECIALISTS, INC.

Current Principal Place of Business:

5820 WILES RD.
CORAL SPRINGS, FL 33067

New Principal Place of Business:

4660 WEST HILLSBORO BLVD
SUITE 8
COCONUT CREEK, FL 33073

Current Mailing Address:

5820 WILES RD.
CORAL SPRINGS, FL 33067

New Mailing Address:

4660 WEST HILLSBORO BLVD
SUITE 8
COCONUT CREEK, FL 33073

FEI Number: 65-1144323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COHEN, ERICKA
5820 WILES RD.
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

COHEN, ERICKA
4660 WEST HILLSBORO BLVD
SUITE 8
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: ERICKA COHEN 11/04/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: COHEN, ERICKA
Address: 5820 WILES RD.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: COHEN, ERICKA
Address: 5820 WILES RD.
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: COHEN, ERICKA
Address: 4660 WEST HILLSBORO BLVD
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Change ( ) Addition
Name: COHEN, ERICKA
Address: 4660 WEST HILLSBORO BLVD
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERICKA COHEN PVST 11/04/2005
Electronic Signature of Signing Officer or Director Date