
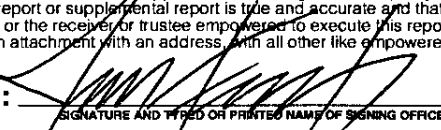


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 21 PM 12: 52



DOCUMENT # P02000022666					
1. Entity Name REALESTATE SALES CENTER INC.					
Principal Place of Business 10731 NW 58 ST MIAMI, FL 33178			Mailing Address 10731 NW 58 ST MIAMI, FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 72-1521380				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERNANDEZ, JESUS 10731 NW 58 ST MIAMI, FL 33178			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS					
TITLE	D	FERNANDEZ, JESUS	<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS		10731 NW 58 ST			
CITY-ST-ZIP		MIAMI, FL 33178			
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		100042065291			
STREET ADDRESS		10/21/04--01036--006			
CITY-ST-ZIP		**758.75			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 10/18/04 Daytime Phone #: 305-597-2873					
10/25a					