2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 SEP 29 PM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047276

1. Entity Name
THE MOSKIN REALTY GROUP, INC.

Principal Place of Business	Mailing Address
23408 MIRABELLA CIR S BOCA RATON, FL 33433	23408 MIRABELLA CIR S BOCA RATON, FL 33433

2. Principal Place of Business	3. Mailing Address
4700 Boca Raton Blvd	4700 Boca Raton Blvd.
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip 33431 Country USA	Zip 33431 Country USA

09262005 REIN-P CR2E038 (6/04) REINSTATEMENT 2005 WOP

4. FEI Number 36-4497123 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOSKIN, JOANNE B
23408 MIRABELLA CIR S
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, 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	DO MOSKIN, JOANNE 23408 MIRA BELLA CIR. S. BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200060038082 09/28/05--01031--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRKR MOSKIN, SIDNEY 23408 MIRA BELLA CIR. S. BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #