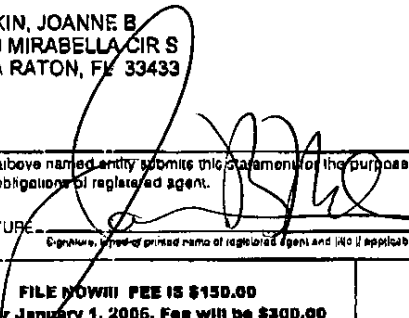
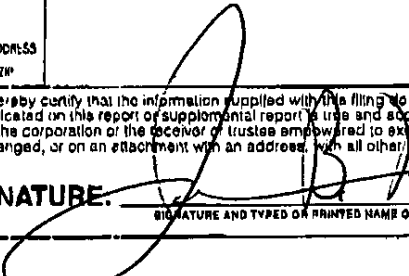


SEP.27.2005 12:53AM CORPORATIONS

NO.859 P.1/4

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**FILED
05 SEP 29 PM 7:33SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047276			
1. Entity Name THE MOSKIN REALTY GROUP, INC.			
Principal Place of Business 23408 MIRABELLA CIR S BOCA RATON, FL 33433		Mailing Address 23408 MIRABELLA CIR S BOCA RATON, FL 33433	
2. Principal Place of Business 4700 Boca Raton Blvd Suite, Apt. #, etc. 101		3. Mailing Address 4700 Boca Raton Blvd Suite, Apt. #, etc. 101	
City & State Boca Raton, Florida		City & State Boca Raton, Florida	
Zip 33431		Country USA	
4. FEI Number 38-4497123		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 of 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 		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
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
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)(f), 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, I am empowered.			
SIGNATURE 		Date Daytime Phone #	