

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000062374

1. Entity Name
CHARLESWORTH DEVELOPERS INC.



FILED

06 NOV 16 PM 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11030 N. KENDALL DRIVE
SUITE 100
MIAMI, FL 33176

Mailing Address
11030 N. KENDALL DRIVE
SUITE 100
MIAMI, FL 33176

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



10312006 REIN-PT-02 (CR2E098 (11/05))

4. FEI Number
03-0460079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALLE, MARIA FERNANDE ESQ
10570 N.W. 27 STREET
UNIT 103
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name *Harry Heller*

Street Address (P.O. Box Number is Not Acceptable)
One Biscayne Tower - 15th Floor

City *Miami* FL Zip Code *33131*

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 *Harry Heller* 11.14.06

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

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ROBLES, FRANK
STREET ADDRESS 11030 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI, FL 33176

TITLE D ☐ Delete
NAME ROBLES, ALEJANDRO
STREET ADDRESS 11030 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI, FL 33176

TITLE D ☐ Delete
NAME ISENBERGH, ERIC D
STREET ADDRESS 9950 PRINCESS PALM AVE. SUITE 102
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200081848512
CITY-ST-ZIP 11/16/06--01037--004 **750.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Isenbergh, Eric D*
STREET ADDRESS *4904 Eisenhower Blvd, Suite 150*
CITY-ST-ZIP *Tampa, FL 33634*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, and all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2006

Date

(305) 271-0997

Daytime Phone #