2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000076324

Entity Name: INNOVATIONS & PROPERTY MANAGEMENT, INC.

FILED Aug 12, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

17727 GREY EAGLE RD. 1905 FLORESTA VIEW DR

TAMPA, FL 33647 TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

17727 GREY EAGLE RD. PO BOX 342159 TAMPA, FL 33647 TAMPA, FL 33694

FEI Number: 20-0000144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JANER, EDGARD

17727 GREY EAGLE RD.

TAMPA, FL 33647 US

JANER, EDGARD

1905 FLORESTA VIEW DR

TAMPA, FL 33618 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: EDGARD JANER 08/12/2009

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:

PD () Delete Title: PD (X) Change () Addition

 Name:
 JANER, EDGARD
 Name:
 JANER, EDGARD

 Address:
 17727 GREY EAGLE RD.
 Address:
 1905 FLORESTA VIEW DR

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 TAMPA, FL 33694

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 ROLON, ETHEL
 Name:
 DIAZ, NANNETTE

 Address:
 17727 GREY EAGLE RD.
 Address:
 1905 FLORESTA VIEW DR

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NANNETTE DIAZ STD 08/12/2009