


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000084583		
1. Entity Name HOME EQUITY TITLE SERVICES INCORPORATED		

FILED
05 JAN 27 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005 REINSTATEMENT FEE 098 (6/04) 04-05

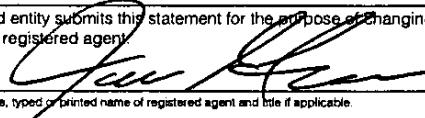
Principal Place of Business 2588 SW 27TH AVENUE MIAMI, FL 33133	Mailing Address 2588 SW 27TH AVENUE MIAMI, FL 33133
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2. Principal Place of Business 8001 N.W. 36th Street Suite, Apt. #, etc. # 103 City & State Miami Florida Zip 33166 Country USA	3. Mailing Address 8001 N.W. 36th Street Suite, Apt. #, etc. # 103 City & State Miami Florida Zip 33166 Country USA
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6. Name and Address of Current Registered Agent GARCIA, JOSEPH A. 650 WEST AVE 301 MIAMI BEACH, FL 33139	
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4. FEI Number 20-0002778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

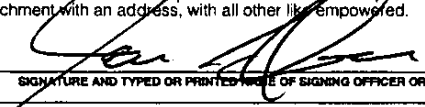
7. Name and Address of New Registered Agent Name Joseph A. Garcia Street Address (P.O. Box Number is Not Acceptable) 8001 N.W. 36th Street #103 City Miami FL Zip Code 33166	
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8. The above named entity submits this statement for the purpose of changing 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.	DATE 1/25/05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, JOSEPH A 650 WEST AVE 301 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph A. Garcia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8001 N.W. 36th Street #103 miami, Florida 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600046018986 02/04/05--01015--005 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/25/05 305-216-2819 Date Daytime Phone #
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