2005 FOR PROFIT CORPORATION REINSTATEMENT							
DOCUMENT # P02000097351					FILED		
1. Entity Name HANOVER BUILDING PROPERTY MAINTENANCE, INC.					05 NOV 10 PM 3: 43		
					SECRETARY OF STATE		
Principal Place of Business Maiting Address  -22615 SW 66TH AVE #21.1—  BOCA RATON, FL 33428 BOCA RATON, FL 33428					TALLAH	ASSEE, FLORIDA	1001 11 1021
Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09222005	REIN-P	CR2E098 (6/04)	
City & State		City & State		4. FEI Num 82-05	ber 61471	<del></del>	plied For t Applicable
Zip	Country	Zíp	Country	5. Certifica	te of Status Desired	S8.75 Add Fee Required	
6. Name and Address of Current Registered Agent Name					nd Address of New	Registered Agent	
22013 3W 00111 AVE #211				Address (P.O. Box Num	ber is Not Acceptab	le)	
BOCA RATON, FL 33428						FL Zip Code	9
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						with s. 607.193(2)(b), d not receive the prior r	
10.	OFFICERS AND		11.	ADDITION	S/CHANGES TO OF	FICERS AND DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D VITES, HAROLD 22615 SW 66 AVE. #211 BOCA RATON, FL 33428	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	10/0	<b>00060</b> 3/050105	□ Change 187376 7008 **150.	
TITLE NAME STREET ADDRESS	P VILES, NORA 9824 SAN SIMAON CIRCLE	☐ Delete	TITLE NAME STREET ADDRESS	P. 10 22615 8	W 64 Au	□ Change	☐ Addition
CITY-ST-ZIP	WESTON, FL 33331	Delete	CITY-ST-ZIP	Beca Ra	ton, FL	33428 ☐ Change	Aedition
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TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Defete	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)(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 DRIVETOR Day I'M Day I'M Prone 4							