


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000006675 1. Entity Name LAKEWOOD TOWNHOME DEVELOPERS, INC.		
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Principal Place of Business 11030 N KENDALL DR, STE 100 MIAMI, FL 33176	Mailing Address 11030 N KENDALL DR, STE 100 MIAMI, FL 33176
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 17 PM 5:12
REINSTATEMENT 06



10022006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOLLOY, DANIEL L 325 S BLVD. TAMPA, FL 33608		Name <u>Bryan J. Stanley, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>114 Turner Street</u> City <u>Clearwater</u> FL Zip Code <u>33756</u>	

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 Bryan J. Stanley DATE 10/2/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME ROBLES, FRANK STREET ADDRESS 11030 N KENDALL DR, STE 100 CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081903133 11/17/06--01034--005 **750.00
TITLE D NAME ROBLES, ALEJANDRO STREET ADDRESS 11030 N KENDALL DR, STE 100 CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ISENBERGH, ERIC D STREET ADDRESS 9950 PRINCESS PALM AVE, STE 102 CITY-ST-ZIP TAMPA, FL 33619	<input type="checkbox"/> Delete	TITLE D NAME ISENBERGH, ERIC D. STREET ADDRESS 4904 Eisenhower Blvd, suite 150 CITY-ST-ZIP Tampa FL 33634	<input checked="" 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE 11/01/06 DAYTIME PHONE # 305-271-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR