


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000010713		
1. Entity Name PMR PROPERTIES MANAGEMENT, INC.		

Principal Place of Business 4100 NORTH OCEAN DRIVE #1801 SINGER ISLAND, FL 33404	Mailing Address 4100 NORTH OCEAN DRIVE #1801 SINGER ISLAND, FL 33404
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2. Principal Place of Business 2510 Broadway	3. Mailing Address 1403 8th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33407	Country U.S.A.
Zip 33401	Country U.S.A.


FILED
05 APR 14 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent MATHEWS, GEORGE W. III 1325 SO. CONGRESS AVENUE SUITE 104 BOYNTON ISLAND, FL 33404	
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4. FEI Number 20-2645238	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

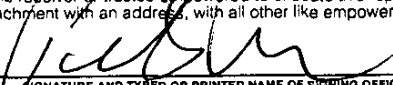
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: 	DATE: 3/7/05

FILE NOW!!! FEE IS \$900.00	(NOTE: Registered Agent signature required when reinstating)
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PRESIDENT/SECRETARY PAUL RAUCCI 4100 N. OCEAN DRIVE SINGER ISLAND, FL, 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE President / TREAS. MASHAER ISMAIL 1403 8th ST West Palm Beach, FL, 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500052181725 04/27/05-01004-010 \$500.00
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"/> Change <input type="checkbox"/> Addition
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.	
SIGNATURE: 	DATE: 3/7/05