## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000010713				FILED
1. Entity Name PMR PROPERTIES MANAGEMENT, INC.			05 API	R 14 AM 11: 02
		No with	SELINE	TARY OF STATE ASSEE, FLORIDA
Principal Place of Business	Mailing Address		IALLAH	ASSEE FI OPINA
4100 NORTH OCEAN DRIVE #1801	4100 NORTH OCEAN DRI #1801	IVE		AUTOMIDA
SINGER ISLAND, FL 33404	SINGER ISLAND, FL 334	04		
2. Principal Place of Business 3. Mailing Address 8th		ST.		
Suite, Apt. #, etc. Suite, Apt. #, etc.			BEINSTATEM	EMT 38
			POSOKISODER OTHER REPROPERTY	JH2E098 (6/04) (1, CU)
West Palm Blach, FL West Palm		ach, FL	4. FEI Number 2038	Applied For Not Applicable
33407 Country U.S.A	Zip 33 40 1	Country V·S·A·	5. Certificate of Status Desired	\$8.75 Additional
		0 3/1-	7 Name and Address of New Pagis	Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name				
MATHEWS, GEORGE W.HT				
1325 SO. CONGRESS ÁVENVE		Street Address (	Street Address (P.O. Box Number is Not Acceptable)	
SUITE 104 BOYNTON ISLAND, FL 33404				
City				<b>□</b> Zip Code
The above named entity submits this statement the obligations of registered agent?	ior the purpose of changing its re	egistered office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept
111/1/2/04/	D. ac		3/	7125
SIGNATURE Standard by specific frame of registered age	nt and title if applicable. (NOTE: I	Registered Agent signature requi	red when reinstating)	DATE
FILE NOW!!! FEE IS \$900.00				
10. OFFICERS ANI		11.	ADDITIONS/CHANGES TO OFFICER	
HILE PRESIDENT/SECER	TARY Delete		ce president /TRES.	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP STAGER ISLANCE	· DRIVE		j= · · j 100	
STREET ADDRESS CITO NOCEAN	7. C1 32404		3 8th ST st Palm Beach, FL	33401
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STREET ADDRESS		STREET AODRESS CITY-ST-ZIP		
CITY-ST-ZIP	ith this filing dags not qualify for t		action 119 07(3)(i) Florida Statutas I forti	ner certify that the information
12. I hereby certify that the information supplied with this filling 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 oain; that I am an officer or director of the constraints of the register of the				
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 embowered 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.				
3/2/05				
SIGNATURE:    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date   Date				