

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000041393

1. Entity Name
LIVING CONCEPTS REALTY GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -3 PM 3:13

Principal Place of Business
9853 TAMiami TRAIL N, SUITE 225
NAPLES, FL 34108

Mailing Address
709 103RD AVENUE NORTH
NAPLES, FL 34108

2. Principal Place of Business
875 94th Ave N
Suite, Apt. #, etc.
D

3. Mailing Address
6872 Trail Blvd
Suite, Apt. #, etc.
D

City & State
Naples - Florida

City & State
Naples - FL

Zip
34108

Country
U.S.A

Zip
34108

Country
U.S.A



10182004 REIN-P CR2E098 (6/04)

4. FEI Number
U/A

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MONTES, ELVIRA E
709 103 AVENUE NORTH
NAPLES, FL 34108

7. Name and Address of New Registered Agent
Name
Montes, Elvira
Street Address (P.O. Box Number is Not Acceptable)
6872 Trail Blvd
City
Naples FL Zip Code
34108

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, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MONTES, JORGE L 3241 12TH AVENUE NE NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Montes, Jorge 6872 Trail Blvd Naples - FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTES, JORGE L 3241 12TH AVENUE NE NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montes, Jorge 6872 Trail Blvd Naples - FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: JORGE L. MONTES Date: Oct 14-04 (239) 825-5208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR