

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000050308	
1. Entity Name AMERIREALTY GROUP INC	



FILED

07 OCT -3 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 07  
09192007 10:00 PM P. L. 11/07 OF 2E098 (1/07)

Principal Place of Business 491 EAST HIALEAH DRIVE SUITE 4 HIALEAH, FL 33010 US		Mailing Address 491 EAST HIALEAH DRIVE SUITE 4 HIALEAH, FL 33010 US	
2. Principal Place of Business - No P.O. Box # 491 Hialeah Drive		3. Mailing Address 491 Hialeah Drive	
Suite, Apt. #, etc. Suite #5		Suite, Apt. #, etc. Suite #5	
City & State Hialeah FL		City & State Hialeah Florida	
Zip 33010	Country Miami dade.	Zip 33010	Country miami dade.

4. FEI Number 14-1882492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, FRANK A SR 7270 NW 12 ST 380 MIAMI, FL 33126	
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7. Name and Address of New Registered Agent Name Julio M. Rabeiro Street Address (P.O. Box Number is Not Acceptable) 4100 SW 145 Terrace City Miami FL Zip Code 33027	
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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 03/25/07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REAL, LIS I 491 EAST HIALEAH DRIVE # 4 HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 213 E. Real 491 E. Hialeah Drive suite #5 Hialeah FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS RABEIRO, JULIO M 491 EAST HIALEAH DRIVE # 4 HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS Julio M. Rabeiro 491 E. Hialeah Drive suite #5 Hialeah FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE RODRIGUEZ, FRANK A 491 EAST HIALEAH DRIVE #4 HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE Frank A. Rodriguez 491 East Hialeah Drive suite #5 Hialeah FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110234657 10/03/07--01036--008 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 officer with all other like empowered.	
SIGNATURE: 	DATE 03/25/07 786-2130850