2005-FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000071508 1. Entity Name FLORIDA RESIDENTIAL MANAGEMENT, INC.							05	FILED JUN -7 PM 3:	52		
Principal Place of Business 6349 NORTH FEDERAL HWY BOCA RATON, FL 33487			6	ailing Address 6349 NORTH FEDERA 80CA RATON, FL 334		(Allasi Leuri Viil		(COL4) (30)	
2. Principal Place of Business				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			05#21005	WATER	200 (4)	04-05	
City & State				City & State			4. FEI Numb	<u> 2373695</u>	<u> </u>	plied For t Applicable	
Zip	Country			Zip Cou		nlry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Regis	stered Agent	red Agent Name			7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR						Street Address	(P.O. Box Numb	er is Not Acceptable)			
MIAMI, FL 33145						City		ı	EL Zip Code	9	
8. The above the obligat	named entit	y submits this statement tered agent.	for the p	ourpose of changing it	s register	ed office or registe	ered agent, or bo	oth, in the State of Florida.	am familiar with,	and accept	
SIGNATURE.	O Signatur Dyped	or priced name of registered age	100 nt and title	e Scitte		red Agent signature requ	uired when reinstating	SIJ	3010S		
FILE NOW!!! FEE IS \$300.00								In accordance with s. corporation did not rec	607.193(2)(b), ceive the prior r	F.S., the notice.	
10.	Loop	OFFICERS ANI	D DIREC		11.		ADDITIONS	/CHANGES TO OFFICERS /		3 IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	l	, JOHN RTH FEDERAL HWY TON, FL 33487				1	06/	7000558 5 08/0501016	Change Change Change Change Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6349 NOF	RG, DYANE RTH FEDERAL HWY ITON, FL 33487	•			1			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s					LE ME EET ADDRESS (-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete		1			☐ Change	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ME EET ADDRESS (-ST-ZIP			☐ Change	Addition	
of the cor	on this repoi poration or th	ri or supplemental report	is true a powere	and accurate and that d to execute this repor	my signa t as requ	iture shall have the	a sama lenal atter	(i), Florida Statutes, I further of as if made under oath; the es; and that my name appear	at Lam an officar.	or director	
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF HIGHING OFFICER OF DIRECTOR Date Date Date Date Date Date Date Date											