

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000079420

FILED
Nov 24, 2004
Secretary of State

Entity Name: CAPITAL GAINS REAL ESTATE CONSULTANTS, INC.

Current Principal Place of Business:

8002 FLAGLER COURT
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

8002 FLAGLER COURT
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 51-0478952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMICO, ROY T
8002 FLAGLER COURT
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PLANTE, TOM
Address: 1200 SOUTH FLAGLER DR., STE. 502
City-St-Zip: WEST PALM BEACH, FL 33405

Title: PD () Delete
Name: AMICO, ROY T
Address: 8002 FLAGLER COURT
City-St-Zip: WEST PALM BEACH, FL 33405

Title: STD () Delete
Name: AMICO, ARMAND
Address: 745 SIESTA KEY CIRCLE, APT. 1522
City-St-Zip: DEERFIELD BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY T. AMICO

PD

11/24/2004

Electronic Signature of Signing Officer or Director

Date