

2005

**FOR PROFIT CORPORATION
REINSTATEMENT**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 10:30

DOCUMENT # P03000092066

1. Entity Name
EXECUTIVE TEAM REALTY CORP.Principal Place of Business
950 N FEDERAL HWY STE 104
POMPANO BEACH, FL 33062Mailing Address
950 N FEDERAL HWY STE 104
POMPANO BEACH, FL 33062

2. Principal Place of Business

1901 E ATLANTIC BLVD
Suite, Apt. #, etc.

3. Mailing Address

1901 E ATLANTIC BLVD
Suite, Apt. #, etc.

11032004 REIN-P CR2E098 (6/04)

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

4. FEI Number

Applied For

Not Applicable

Zip
33060

Country

Zip

33060

Country

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

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is **)

City

FL

Zip Code

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

TITLE DP
NAME LEVINSON, ADAM C
STREET ADDRESS 940 NE 27TH AVE
CITY-ST-ZIP POMPANO BEACH, FL 33060 ☐ DeleteTITLE DV
NAME CULLIN, THOMAS W
STREET ADDRESS 12300 NW 77TH MANOR
CITY-ST-ZIP PARKLAND, FL 33076 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500047475365
03/01/05--01005--014 **200.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAM LEVINSON

11/8/04

954 660-2460

Daytime Phone #