

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000131730</b> 1. Entity Name <b>INCOMREAL MANAGEMENT &amp; ASSOCIATES INC.</b>	
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FILED  
 05 MAY 20 PM 1:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>160 EAST 61ST STREET                  HIALEAH, FL 33013</b>	Mailing Address <b>160 EAST 61ST STREET                  HIALEAH, FL 33013</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	4. FEI Number <b>20-0364944</b>	Applied For <input type="checkbox"/> Not Applicable
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**REINSTATEMENT** 04-05  
 04212005 REIN-STATEMENT CR2E098 (6/04)

<b>6. Name and Address of Current Registered Agent</b>  <b>RAVELO, MAGDIEL                  160 EAST 61ST STREET                  HIALEAH, FL 33013</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 *x [Signature]* \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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	PV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVELO, MAGDIEL		NAME		
STREET ADDRESS	160 EAST 61ST STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33013		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 05/20/05--01056--002 \*\*\*900.00

*05/26*

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: *x [Signature]* 4/22/05 786-286-8187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #