APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

F	ĺ	-	D

04 OCT -8 PM 3: 11

	T # P03000149312										
1. Corporation Name					SECRETARY OF STATE						
FLORIDA REALTY HEADQUARTERS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA						
	•						,"	i in the control of t			
							_				
Principal Place of B	usiness	Mail	ling Address								
							3. Date Incorpo	orated or Qualit	fied 3a.	Date o	f Last Report
							12/3/2003		N/A	A	
2. Principal Place of	f Business	2a. N	Mailing Address			•	4. FEI Number				Applied For
21 14505 Comm		26	2				20-0490	060			Not Applicable
Suite, Apt. #, etc.			e, Apt. #, etc.		_	****				¢0.7	Additional
22 Suite 535		27					5. Certificate o	f Status Desired	i 🗌		equired
City & State			& State				6 Floation Con				
23 Miami Lakes	FL	28					Trust Fund Cor	npaign Financin tribution	' ^y 🗆		May Be I to Fees
Zip	County	Zip		County				tion has liabilit	v for int		
24 33016	25	29		30			s. 199.032, Flor	data for a second	y for me ☐ Yes	~ .	
	me and Address of Current Re		ed Agent	130		10.7	Name and Addre				
		6.500	- A A A A A A A A A A A A A A A A A A A		81	Name					
					01	Corporate Crea	ations Network	Inc.			
,					82	,	P.O. Box Number	-	ble)		
					Ш	11380 Prosperi	rity Farms Road	1 #221E			
					83						
					84	City				p Code	
					1 1	Palm Beach Ga		<u>FL</u>		410	
					ليحا	·					
11. Pursuant to the	provisions of Sections 607.1508,	Norid	la Statutes, the at	ove-nar	ned o	corporation submits	ts this statement for	or the purpose o	the app	ng its r	egistered office
11. Pursuant to the or registered agent, agent. I am familiar	provisions of Sections 607 1508, or both in the State of Florida with, and acceptable obligations	Norid Such of, Sec	la Statutes, the ab change was auth ction 607.0505, F	ove-nar orized lorida S	ned of the tatute	corporation submits to corporation's bo	ts this statement for pard of directors.	I hereby accept	the app	ointme	egistered office nt as registered
or registered agent, agent. I am familiar SIGNATURE	or both, in the State of Florida with, and accept the obligations	of, Sec	change was auth ction 607.0505, F Elena S. Davila	norized l lorida S 1. Assist	by th tatute ant S	e corporation's bo es. Secretary	pard of directors.	I hereby accept	the app	ointme	egistered office nt as registered
or registered agent, agent. I am familiar SIGNATURE	or both in the state of Florida, with, and accept the obligations attre, typed or printed name of registered	J. Such	change was autlection 607.0505, F Elena S. Davila and title if applicable	norized lorida S a, Assist	by th tatute ant S	e corporation's bo es. ecretary Registered Agent signa	pard of directors.	I hereby accept 10 - instating)	the app -7-0 DATE	ointme 4	as registered
or registered agent, agent. I am familiar SIGNATURE	or both in the state of Florida, with, and accept the obligations attree, typed or printed name of registeres OFFICERS AND DIRE	J. Such	change was authection 607.0505, F Elena S. Davila and title if applicable	norized land land land land land land land lan	by th tatute ant S	e corporation's bo es. Secretary Registered Agent signa ADDITION	pard of directors.	I hereby accept 10 - instating)	the app -7-0 DATE ND DIR	ointme 4 ECTO	as registered
or registered agent, agent. I am familiar SIGNATURE	or both in the State of Florida, with, and accept the obligations attre, typed or printed name of registeres OFFICERS AND DIRE- DIRECTOR Carlos Leon	of, Section of agent a	change was autlection 607.0505, F Elena S. Davila and title if applicable	norized lorida S a, Assist 13.	by th tatute ant S	ee corporation's bo es. secretary Registered Agent signa ADDITION	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change	RS IN 12
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was authection 607.0505, F Elena S. Davila and title if applicable	norized lorida S lorida S a, Assist 13. 1.1 T 1.2 N 1.3 S	by the tatute ant S NOTE: TILE NAME	e corporation's boes. secretary Registered Agent signa ADDITION E ET ADDRESS	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change	RS IN 12
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	or both in the State of Florida, with, and accept the obligations attre, typed or printed name of registeres OFFICERS AND DIRE- DIRECTOR Carlos Leon	of, Section of agent a	change was autherion 607.0505, F Elena S. Daviliand title if applicable S DELETE	norized lorida S a, Assist 13. 1.1 T 1.2 N 1.3 S 1.4 C	by the tatute ant STTLE	e corporation's boes. secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 10 - instating)	the app	ECTOI Change	RS IN 12 Addition 150.00
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was authection 607.0505, F Elena S. Davila and title if applicable	13. 1.1 T 1.2 N 1.3 S 1.4 C	by the tatute ant S NOTE: TITLE NAME TITLE TITLE TITLE	e corporation's boes. secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change	RS IN 12 Addition 150.00
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autherion 607.0505, F Elena S. Daviliand title if applicable S DELETE	norized l'Iorida S 1, Assist 1, 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	by the tatute ant S NOTE: TITLE NAME TITLE NAME	e corporation's boes. secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change	RS IN 12 Addition 150.00
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autherion 607.0505, F Elena S. Daviliand title if applicable S DELETE	norized land state of the land	by the tatute ant S NOTE: TITLE NAME TITLE TITLE TITLE VAME TITLE VAME	e corporation's boes. secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change	RS IN 12 Addition 150.00
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autherion 607.0505, F Elena S. Daviliand title if applicable S DELETE	norized land state of the land	by the tatute ant S NOTE: TITLE NAME TITLE TITLE TITLE VAME TITLE VAME	e corporation's boes. eccretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	The app	ECTOI Change	RS IN 12 Addition 150. Q0 Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autherion 607.0505, F Elena S. Daviliand title if applicable DELETE DELETE	norized lateral norized latera	by the tatute and Second and Seco	e corporation's boes. Secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	The app	ECTOI Change	RS IN 12 Addition 150. Q0 Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autherion 607.0505, F Elena S. Daviliand title if applicable DELETE DELETE	norized land a series of the control	by the tatute and Second secon	e corporation's boes. Secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	The app	ECTOI Change	RS IN 12 Addition 150. Q0 Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autiction 607.0505, F Elena S. Daviliand title if applicable S DELETE DELETE DELETE	norized l'ilorida S a, Assist 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	by the tatute and S NOTE: TITLE TITL	e corporation's boes. eccretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change Change	as registered RS IN 12 Addition 150. 00 Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autherion 607.0505, F Elena S. Daviliand title if applicable DELETE DELETE	norized lelorida S a, Assist 13. 1.1. 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	by the tatute and S NOTE: TITLE TITLE TITLE TITLE TITLE JAME TITLE TITLE TITLE TITLE TITLE	e corporation's boes. Secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change	as registered RS IN 12 Addition 150. 00 Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autiction 607.0505, F Elena S. Daviliand title if applicable S DELETE DELETE DELETE	norized lelorida S a, Assist 13. 1.1 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 4.1 T 4.2 N	by the tatute and S NOTE: TITLE NAME TREE TITLE NAME TREE TITLE NAME TITLE TITLE NAME	e corporation's boes. Secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	The app -7 - 0 DATE ND DIR	ECTOI Change Change	as registered RS IN 12 Addition 150. 00 Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autiction 607.0505, F Elena S. Daviliand title if applicable S DELETE DELETE DELETE	norized lorida S a, Assist 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S	by the tatute and S NOTE: TITLE NAME TREE TITLE NAME TREE TITLE NAME TREE TITLE TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TIT	ecorporation's boss. Secretary Registered Agent signa ADDITION EET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change Change Change	as registered RS IN 12 Addition Addition Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autiction 607.0505, F Elena S. Daviliand title if applicable S DELETE DELETE DELETE	norized lorida S a, Assist 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T	by the tatute and Second and Seco	ecorporation's boss. Secretary Registered Agent signa ADDITION EET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change Change	as registered RS IN 12 Addition Addition Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autiction 607.0505, F Elena S. Daviliand title if applicable S DELETE DELETE DELETE DELETE	norized lelorida S a, Assist 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N	by the tatute and S one in the tatute and S one in the tatute and S one in the tatute and	ecorporation's boss. secretary Registered Agent signa ADDITION EET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change Change Change	as registered RS IN 12 Addition Addition Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autiction 607.0505, F Elena S. Daviliand title if applicable S DELETE DELETE DELETE DELETE	norized lelorida S a, Assist 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	by the tatute and S one in the tatute and S one in the tatute and S one in the tatute and tat	ecorporation's boss. Secretary Registered Agent signa ADDITION EET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	the app	ECTOI Change Change Change	as registered RS IN 12 Addition Addition Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autiction 607.0505, F Elena S. Daviliand title if applicable S DELETE DELETE DELETE DELETE DELETE	norized lelorida S a, Assist 13. 1.1 1.2 1.3 1.4 2.1 2.1 2.3 3.4 4.1 4.2 4.3 5.1 5.3 5.4 5.4 5.4 5.4	by the tatute and Second secon	ecorporation's boses. Secretary Registered Agent signal ADDITION EET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	The appropriate the appropriate the appropriate to	ECTOI Change Change Change	as registered RS IN 12 Addition Addition Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autiction 607.0505, F Elena S. Daviliand title if applicable S DELETE DELETE DELETE DELETE	norized lelorida S a, Assist 13. 13. 1.1 1.2 1.3 1.4 2.1 2.2 3.1 3.2 3.3 4.4 4.1 4.2 5.1 5.2 5.3 5.4 6.1 6.1	by the tatute and S one in the tatute and S one in the tatute and S one in the tatute and	ecorporation's boss. secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	The appropriate the appropriate the appropriate to	ECTOI Change Change Change	as registered RS IN 12 Addition Addition Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	or both in the State of Florida, with, and accept the obligations with, and accept the obligations of the control of the contr	of, Section of agent a	change was autiction 607.0505, F Elena S. Daviliand title if applicable S DELETE DELETE DELETE DELETE DELETE	norized lelorida S a, Assist 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 3.3 S 2.4 C 3.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	by the tatute and S some and S so	ecorporation's boss. secretary Registered Agent signal ADDITION EET ADDRESS ST-ZIP EET ADDRESS	pard of directors. ature required when re	I hereby accept 0 - instating) OFFICERS A	The appropriate the appropriate the appropriate to	ECTOI Change Change Change	as registered RS IN 12 Addition Addition Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	or both in the State of Florida, with, and acceptance obligations atture, typed or printed name of registeres OFFICERS AND DIREDIRECTOR Carlos Leon 14505 Commerce Way Suite 53 Miami Lakes FL 33016	. \$uch of, Sec	change was autiction 607.0505, F Elena S. Davila and title if applicable S DELETE DELETE DELETE DELETE DELETE	norized lelorida S a, Assist 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 N 3.4 C 3.1 T 3.2 N 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S 6.4 C	by the tatute and S. NOTE: TITLE NAME TITLE SAME TITLE SAME TITLE SAME TITLE SAME TITLE TITLE NAME TITLE TITLE NAME TITLE TITLE NAME TITLE TITLE NAME TITLE NAME TITLE TITLE NAME TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE NAME TITLE TI	ecorporation's boes. secretary Registered Agent signa ADDITION EET ADDRESS ST-ZIP	pard of directors. Tanure required when re NS/CHANGES TO 10/12/	I hereby accept O instating) O OFFICERS A O 0 4 1 8 0 4 0 1 0 28	The app	Change Change Change	as registered RS IN 12 Addition Addition Addition Addition Addition Addition Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby cer	or both in the State of Florida, with, and acceptance of legations with, and acceptance of registered of Printed name of registered OFFICERS AND DIRECTOR Carlos Leon 14505 Commerce Way Suite 53 Miami Lakes FL 33016	with t	change was autiction 607.0505, F Elena S. Daviliand title if applicable S DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 T 1.2 N 1.3 S 2.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S 6.4 C 6.5 t qualify	by the tatute and so the tatute and so the tatute and so the tatute and tatut	ecorporation's boss. Secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP d accurate and that	ted in Section 119	I hereby accept O O O O O O O O	The app 7 - 0 DATE ND DIR 1 - 0000 1 - 00	ECTOI Change Change Change Change Change	as registered AS IN 12 Addition Addition Addition Addition Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby cer the information ind oath; that I am an oath; that	or both in the State of Florida, with, and acceptance of ligations with, and acceptance of registere of Florida of Printed name of registere OFFICERS AND DIRECTOR Carlos Leon 14505 Commerce Way Suite 53 Miami Lakes FL 33016	with t	change was autiction 607.0505, F Elena S. Daviliand title if applicable DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 T 1.2 N 1.3 S 2.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S 6.4 C 6.3 S 6.	by the tatute and so the tatute and so the tatute and so the tatute and tatut	ecorporation's boss. Secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP d accurate and that	ted in Section 119	I hereby accept O O O O O O O O	a Statutate le legal 607, Flo	ECTOI Change Change Change Change Change	as registered AS IN 12 Addition Addition Addition Addition Addition
or registered agent, agent. I am familiar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby cer the information ind oath: that I am an oath; that	or both in the State of Florida, with, and acceptance of legations with, and acceptance of registered of Printed name of registered OFFICERS AND DIRECTOR Carlos Leon 14505 Commerce Way Suite 53 Miami Lakes FL 33016	with t	change was autiction 607.0505, F Elena S. Davilia and title if applicable S DELETE DELETE DELETE DELETE DELETE DELETE DELETE his filling does not be had annual reputable representation of the processor	13. 1.1 T 1.2 N 1.3 S 2.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 4.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S 6.4 C out qualifyort is tru	by the tatute and South and South and South and South and Italian	ecorporation's boss. Secretary Registered Agent signa ADDITION E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP d accurate and that	ted in Section 119 t my signature shahis report as requi	I hereby accept O O O O O O O O	a Statutate le legal 607, Flo	ECTOI Change Change Change Change Change	as registered AS IN 12 Addition Addition Addition Addition Addition

FILED

04 OCT -8 PM 3: 11

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

SECRETARY OF STATE TALLAHASSEE FLORIDA

Re: FLORIDA REALTY HEADQUARTERS, INC.

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. 150.00 check payable to Florida Department of State

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: by E.S. Davila as attorney-in-fact

Name: Carlos Leon

Title: Prector

We never received the Uniform Business Report for the following year(s) that should have