2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY 31 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000005379

1. Entity Name
MIAMI PROPERTY LR GROUP, INC.

Principal Place of Business	Mailing Address
10826 SW 88 STREET T2 MIAMI, FL 33176	10826 SW 88 STREET T2 MIAMI, FL 33176

05052006 REIN-P CR2E098 (11/05) 05-06

2. Principal Place of Business	3. Mailing Address
3550 Biscayne Blvd	3550 Biscayne Blvd
Suite, Apt. #, etc. Suite 205	Suite, Apt. #, etc. Suite 205
City & State Miami Florida	City & State Miami Florida
Zip 33137 Country USA	Zip 33137 Country USA

4. FEI Number 20-4822571 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BRAIL, NEVEN D CPA
10500 SW 96 TERRACE
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name Larry D. Parks
Street Address (P.O. Box Number is Not Acceptable)
7460 SW 130th Street
City Miami FL Zip Code 33156

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) May 8, 2006 DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, LAZARO 10826 SW 88 ST. T2 MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rodriguez, Lazaro 3550 Biscayne Blvd Miami / FL 33137	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500076155245 06/13/06--01039--014 **900.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 May 8, 2006 Date Daytime Phone #