



2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 SEP 26 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000009721 1. Entity Name PONCE DE LEON INVESTMENTS III, INC.					
Principal Place of Business 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175			Mailing Address 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175		
2. Principal Place of Business 4551 Ponce de Leon Blvd. Suite, Apt. #, etc.		3. Mailing Address 4551 Ponce de Leon Blvd. Suite, Apt. #, etc.			
City & State Coral Gables FL.		City & State Coral Gables, FL.		09212005 REIN-P CR2E098 (6/04)	
Zip 33146		Country US		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 33146		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name A&A Registered Agent Street Address (P.O. Box Number is Not Acceptable) 4551 Ponce de Leon Blvd. City Coral Gables FL Zip Code 33146	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAYON, RICHARD A ESQ. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ALAYON, RICHARD A ESQ. 4551 Ponce De Leon Blvd. Coral Gables FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAYON, MARTHA 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAYON, MARTHA 4551 Ponce De Leon Blvd. Coral Gables FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9-22-05 (305) 221-2110 <small>Date Daytime Phone #</small>		