2005 FOR PROFIT CORPORATION REINSTATEMENT

-	REINSTATEMENT							
	DOCUMENT # P04000012165			FILED				
1. Entity Name BEAUCHAMP PLATINUM REALTY, INC.				05 NOV 29 PM 3: 56				
				1 051	CHLIMITY OF AHASSEE. I	STATE		
Principal Place		Mailing Address	······································	SEC	AHASSEE. I	FOKION		
	0348 RAMBLEWOOD DR 10348 RAMBLEWOOD DR Oral Springs, Fl 33071 coral Springs, Fl 33071			I INC.	-			
2. Principal Place of Business 3. Mailing Address 8652								
Suite, Apt.		Suite, Apt. #, etc.		10142005	REIN-P	CR2E098 (6/04)		
City & State	ROKE PINES	City & State FT (OUT) F &	CDALE	4. FEI Number 38-2	682613	3 Applie	ed For	
Zip	Country	Zip	Country 3RowARI	1	of Status Desired	\$8.75 Addition		
ع <i>د</i> د	6. Name and Address of Current I			7. Name and	Address of New Ro	 		
BEAUCHAMP, WILNER				WER BEAGER !				
10348 RAMBLEWOOD DR CORAL SPRINGS, FL 33071			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS, FL 330/1				2857				
				1RISE	Ed	FL Zip Code	, 2	
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: typed or printed range of registered appropriate a popularitie. (NOTE: Registered Approl signature regulared when reinstating) DATE								
	Signature, typed or printed riante of registered agent	(NOTE: N	egrante Agen agrance req	cared wise remands		DATE		
	LE NOW!!! FEE IS \$150.00 nuary 1, 2006, Fee will be \$300.0	0				rith s. 607.193(2)(b), F.S not receive the prior not		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTORS II		
TITLE	D BEAUCHAMP, WILNER	Delete	TITLE. NAME				Addition	
STREET ADDRESS	10348 RAMBLEWOOD DR CORAL SPRINGS, FL 33071		STREET ADDRESS CITY-ST-ZIP		'0501059- DD617		5 '	
TITLE	COTOLE OF THICOCAL COURT	☐ Delete	TITLE		Transfer Tenant Albert E.		Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-SI-ZIP			CTY-SI-DP			— a		
TITLE NAME		☐ Delete	ntle Name			Change (Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change {	☐ Addition	
NAME STREET ADORESS			NAME Street address					
CITY-ST-ZIP			C!!Y-S!-ZiP			[] Channa	□ Addiios	
HAME NAME		☐ Delete	THE NAME		\mathcal{L}	☐ C) ange	Addition	
STREET ADDRESS GTY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		$\Delta N/\Delta$	M/1 $L/2$		
TITLE		☐ Delete	TITLE		/ / /	(haifige	Addition .	
	.		NAME		/ —	7 1		
NAME STREET ADDRESS			STREET ADDRESS	•		\ \ ^u		
STREET ADDRESS CITY+ST-ZIP		this filing does not qualify for the	CITY-ST-ZIP	Section 119.07(3)	(i) Florida Statutes	Jurther certify that the info	ormation	
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicator	certify that the information supplied with	this filing does not qualify for the true and accurate and that my swored to procure this report as with all the like emproyered.	CITY-ST-ZIP he exemption stated in	Section 119.07(3) he same legal effe 507, Florida Statut	(i) Florda Statutes of as if made under os; and that my name	ourther certify that the info eath; that I am an officer or e appears in Block 10 or B	ormation director Block 11 if	
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co- changed	certify that the information supplied with d on this report or supplemental report is proration or the receiver or trustee empris, or on an attachment with an address.	this filing does not qualify for it true and accurate and that my swored to produce this report as with all emer like empowered.	CITY-ST-ZIP he exemption stated in	Section 119.07(3) le same legal effe 507, Florida Statut	(i) Florida Statutes of as if made under os; and that my name	further certify that the info path; that I am an officer or e appears in Block 10 or B	ormation director Block 11 if	
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	certify that the information supplied with d on this report or supplemental report is proration or the receiver or trustee empris, or on an attachment with an address.	this filling does not qualify for the true and accurate and that my worded to professe this report as with all other like empowered.	City-St-ZiP the exemplion stated in a signature shall have the street on the control of the con	Section 119.07(3) he same legal effo 507, Florida Statuh	(i) Florida Statutes ct as if made unaut es; and that my name	Jurther certify that the info sath; that I am an officer or e appears in Block 10 or B	ormation r director flock 11 if	