



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000031288 1. Entity Name SCARSDALE - MONTE CARLO, INC.						FILED 06 MAY -5 PM 2:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5524 ETAN COURT BOCA RATON, FL 33486				Mailing Address 5524 ETAN COURT BOCA RATON, FL 33486			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 18851 NE 29th AVENUE Suite, Apt. #, etc. SUITE 900 City & State AVENTURA, FL Zip Country 33180 U.S.A		 04272006 REIN-P 3 0 LCR2E088 (11/05) 05-06			
4. FEI Number 20-2388925		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROUSSO, MARK E ESQ. 18851 NE 29 AVE STE 900 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ DATE 4-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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	DPS HIRSCHFELD, DAVID 5524 ETAN COURT BOCA RATON, FL 33486			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100076154941 06/13/06--01039--009 ***900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GOODMAN, MITCH 5524 ETAN COURT BOCA RATON, FL 33486			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: David A. Hirschfeld, DPS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-27-06		Daytime Phone # 786-279-0000	