



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000076056</b> 1. Entity Name <b>SCARSDALE-STAR LOFTS, INC.</b>						<b>FILED</b> 06 MAY -5 PM 2:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA  04272006 REIN-P CR2E088111D5 05-06	
Principal Place of Business <b>5524 ETAN COURT BOCA RATON, FL 33486</b>				Mailing Address <b>5524 ETAN COURT BOCA RATON, FL 33486</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address <b>18851 NE 29th AVENUE Suite 900 AVENTURA, FL 33180      U.S.A.</b>			4. FEI Number <b>20-4791351</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ROUSSO, MARK E ESQ. 18851 NE 29TH AVENUE, SUITE 900 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-28-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HIRSCHFELD, DAVID 5524 ETAN COURT BOCA RATON, FL 33486			TITLE NAME STREET ADDRESS CITY - ST - ZIP	800076154898 06/13/06--01039--008 **900.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-28-06</b> Daytime Phone # <b>786-279-0000</b>			