


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAY 15 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 104000091756</b> 1. Entity Name <b>CASHMERE &amp; ASSOCIATES REALTY, INC.</b>																																						
Principal Place of Business <b>2881 E. OAKLAND PARK BLVD.#201</b> <b>ATTN: DREW CASHMERE</b> <b>FT. LAUDERDALE, FL 33306</b>			Mailing Address <b>2881 E. OAKLAND PARK BLVD.#201</b> <b>ATTN: DREW CASHMERE</b> <b>FT. LAUDERDALE, FL 33306</b>																																			
2. Principal Place of Business - No P.O. Box # <b>615 BAYSHORE DR</b> Suite, Apt. #, etc. <b>#101</b>		3. Mailing Address <span style="float: right;">BLVD</span> <b>2805 OAKLAND PARK</b> Suite, Apt. #, etc. <b>#398</b>																																				
City & State <b>FORT LAUDERDALE FL</b> Zip <b>33304</b>		City & State <b>FORT LAUDERDALE FL</b> Zip <b>33306</b>		4. FEI Number <b>20-1163033</b>																																		
Country <b>BROWARD</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																		
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																		
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) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____																																						
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>CO-PRESIDENT</b></td> <td><b>CASHMERE, DREW</b></td> <td><b>615 BAYSHORE DR, #101</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>FORT LAUDERDALE, FL 33304</b></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td><b>CO-PRESIDENT</b></td> <td><b>CASHMERE KAREN</b></td> <td><b>615 BAYSHORE DR</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>101</b></td> <td><b>FORT LAUDERDALE FL 33304</b></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		<b>CO-PRESIDENT</b>	<b>CASHMERE, DREW</b>	<b>615 BAYSHORE DR, #101</b>				<b>FORT LAUDERDALE, FL 33304</b>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		<b>CO-PRESIDENT</b>	<b>CASHMERE KAREN</b>	<b>615 BAYSHORE DR</b>					<b>101</b>	<b>FORT LAUDERDALE FL 33304</b>		
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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.																																						
<b>SIGNATURE:</b> _____ <span style="float: right;">3/29/08 726-229-9883</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>																																						