

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 SEP 12 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000101992					
1. Entity Name DEGLYS REALTY COMPANY, INC.					
Principal Place of Business 8114 SW 158 AVE MIAMI, FL 33193			Mailing Address 8114 SW 158 AVE MIAMI, FL 33193		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 201451743	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAYNE, PAUL JON ESQ. 236 VALENCIA CORAL GABLES, FL FL331-34				Name Ofelia Hernandez	
				Street Address (P.O. Box Number is Not Acceptable) 8114 SW 158 Ave	
				City Miami	FL Zip Code 33193
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 <u>Ofelia Hernandez</u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HERNANDEZ, OFELIA <input type="checkbox"/> Delete 8114 SW 158 AVE MIAMI, FL 33193				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PENA, DEGLYS <input checked="" type="checkbox"/> Delete 8114 SW 158 AVE MIAMI, FL 33193				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 05-06 RSC					
300079945949 09/19/06--01032--007 **900.00					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: <u>Ofelia Hernandez</u> 09/13/06 3054081020					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					