## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000132334

Entity Name: REAL RESIDENTIAL SOLUTIONS, INC.

FILED Oct 08, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
4505 S. O	CEAN BLVD.				
HIGHLANI	D BEACH, FL	33487			
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
4505 S. O	CEAN BLVD.				
	D BEACH, FL	33487			
FEI Number	: 20-1650726	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:	
1000 COR 7TH FLOC	EIN, LISA KLIN PORATE DRI' DR JDERDALE, F	VE			
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE: LISA KLII	NE GOLDSTEIN			
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RUBENSTEIN, 4505 S. OCEA	) Delete STEVEN N BOULEVARD #1008 ACH, FL 33487	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zin:	VP (X RUBENSTEIN, 2895 S.W. 22N	ID AVE., #108	Title: Name: Address: City-St-Zin:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN RUBENSTEIN P 10/08/2007