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2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000138151 1. Entity Name SF PROPERTY HOLDINGS, INC.					FILED 07 APR 30 AMII: 34 PATAMASSEE, FLORIDA		
Principal Place of Business 7470 NW 1ST PLACE PLANTATION, FL 33317 Mailing Address 7470 NW 1ST PLACE PLANTATION, FL 33317				 			
7470	Principal Place of Business - No P.O. Box # 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State					041 PEINGITATEMENT (1/07/06-07) 4. FEI Number Applied For		
plantationt			Country	20-1711272 Not Applicable		Not Applicable	
^{zip} 33	317 Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent		
				Name			
KABIR, MOHAMMED 7470 NW 1ST PLACE PLANTATION, FL 33317			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code	
8. The above named pntity 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 egistered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$300.00					In accordance with s. 607.19 corporation did not receive the		
10.	OFFICERS AND		11.	ADDITIONS,	CHANGES TO OFFICERS AND DI		
NAME STREET ADDRESS City-ST-ZIP	P KABIR, MOHAMMED 7470 NW 1ST PLACE PLANTATION, FL 33317	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	4 05/3	1001032835 25/0701013010	Change ☐ Addition 174 **300.00	
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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 trystee 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 all address, with all other like empowered.							
SIGNATURE: 4/24/0/ 954-68/-4589 SIGNATURE: Date Dayline Phone #							