2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000141331

Entity Name: AMERI PROPERTY MANAGEMENT, INC.

FILED Nov 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

498 NW BRADY CIRCLE 5220 S UNIVERSITY DR LAKE CITY, FL 32055 SUITE C-102

SUITE C-102 DAVIE, FL 33328

Current Mailing Address: New Mailing Address:

498 NW BRADY CIRCLE 5220 S UNIVERSITY DR LAKE CITY, FL 32055 SUITE C-102

DAVIE, FL 33328

FEI Number: 20-1734954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORENO, MILTON
498 NW BRADY CIRCLE
LAKE CITY, FL 32055 US

MORENO, MILTON
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

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.

SIGNATURE: MILTON MORENO 11/27/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition AMARFIL, JOSE E MORENO, MILTON Name: Name: 160 SW 115 AVE 1571 HARBOUR SIDE DR Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: WESTON, FL 33326

Title: VD () Delete Title: TD (X) Change () Addition

 Name:
 MORENO, MILTON
 Name:
 SILVA, LUIS F

 Address:
 498 NW BRADY CIRCLE
 Address:
 1571 HARBOUR SIDE DR

City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: WESTON, FL 33326

Title: TD (X) Delete Title: () Change () Addition Name: SILVA, LUIS F Name:

 Name:
 SILVA, LUIS F
 Name:

 Address:
 1571 HARBOUR SIDE DR
 Address:

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:

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: MILTON MORENO PD 11/27/2007