2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000160259

City-St-Zip:

ORLANDO, FL 32812

Entity Name: STATEWIDE PROPERTIES GROUP INC.

FILED Oct 19, 2005 Secretary of State

	ine: Office of the contract of	, ii v e.		
Current P	rincipal Place of Business:	New Principal Place o	New Principal Place of Business:	
5448 HOFI ORLANDO	FNER AVE STE 304), FL 32812			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	FNER AVE STE 304), FL 32812			
FEI Number:	: FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		t: Name and Address of	Name and Address of New Registered Agent:	
FILINGS, II 3732 NW FT LAUDE				
The above in the State	named entity submits this statement for e of Florida.	the purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: RENE VIAMONTES			
	Electronic Signature of Registered	d Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation on a manager Financing Trust Fund Contribution (
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete VIAMONTES, RENE 5448 HOFFNER AVE STE 304 ORLANDO, FL 32812	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete VIAMONTES, JUAN C 5448 HOFFNER AVE STE 304 ORLANDO, FL 32812	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () Delete VIAMONTES, JUAN D 5448 HOFFNER AVE STE 304	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: RENE VIAMONTES DIRE 10/19/2005