

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000170068

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: BELLEAIR ACQUISITIONS GROUP, INC.

## Current Principal Place of Business:

10 AMBLESIDE DRIVE  
BELLEAIR, FL 33756 US

## New Principal Place of Business:

## Current Mailing Address:

611 S. FT. HARRISON ST. #366  
CLEARWATER, FL 33756 US

## New Mailing Address:

10 AMBLESIDE DRIVE  
BELLEAIR, FL 33756 US

FEI Number: 20-2034279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

KOWITZ, DAURI P  
10 AMBLESIDE DRIVE  
BELLEAIR, FL 33756 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: DAURI KOWITZ

03/31/2008

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:

Title: P ( ) Delete  
Name: KOWITZ, MICHAEL  
Address: 10 AMBLESIDE DR.  
City-St-Zip: BELLEAIR, FL 33756 US

Title: S ( ) Delete  
Name: KOWITZ, MICHAEL  
Address: 10 AMBLESIDE DR.  
City-St-Zip: BELLEAIR, FL 33756 US

Title: VP ( ) Delete  
Name: KOWITZ, DAURI  
Address: 10 AMBLESIDE DR.  
City-St-Zip: BELLEAIR, FL 33756 US

Title: T ( ) Delete  
Name: KOWITZ, DAURI  
Address: 10 AMBLESIDE DR.  
City-St-Zip: BELLEAIR, FL 33756 US

Title: D ( ) Delete  
Name: KOWITZ, MICHAEL  
Address: 10 AMBLESIDE DR.  
City-St-Zip: BELLEAIR, FL 33756 US

Title: D ( ) Delete  
Name: KOWITZ, DAURI  
Address: 10 AMBLESIDE DR.  
City-St-Zip: BELLEAIR, FL 33756 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MICHAEL KOWITZ

P

03/31/2008

Electronic Signature of Signing Officer or Director

Date