

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000008743

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** COMFER REEF PROPERTY CORP.

**Current Principal Place of Business:**

935 BELLA VISTA AVE  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

935 BELLA VISTA AVE  
CORAL GABLES, FL 33156

**New Mailing Address:**

**FEI Number:** 36-4568824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARAZOZA, CARLOS F  
2100 SALZEDO STREET SUITE 300  
CORAL GABLES, FL 33134 US

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

COMAS, GASTON J  
935 BELLA VISTA AVE  
CORAL GABLES, FL 33156 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: GASTON COMAS

09/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: COMAS, GASTON  
Address: 935 BELLA VISTA AVE  
City-St-Zip: CORAL GABLES, FL 33156

Title: DV  
Name: FERNANDEZ, ALBERT  
Address: 5945 SW 114 TERRACE  
City-St-Zip: PINECREST, FL 33156

Title: DT  
Name: FERNANDEZ, BLANCA  
Address: 5945 SW 114 TERRACE  
City-St-Zip: PINECREST, FL 33156

Title: DS  
Name: COMAS, GLORIA  
Address: 935 BELLA VISTA AVE  
City-St-Zip: CORAL GABLES, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: GASTON COMAS

DP

09/30/2010

Electronic Signature of Signing Officer or Director

Date