

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000071736 1. Entity Name MIKE & MIKE PROPERTIES, INC.		 <div style="text-align: right;"> FILED 07 APR -2 PM 2:20 CLERK OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 6555 NORTH POWERLINE ROAD SUITE 404 FORT LAUDERDALE, FL 33309		Mailing Address 6555 NORTH POWERLINE ROAD SUITE 404 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box # 6470 SW 7 CT. Suite, Apt. #, etc.		3. Mailing Address 6470 SW 7 CT Suite, Apt. #, etc.	
City & State NO. LAUDERDALE, FL Zip 33068		City & State NO. LAUDERDALE, FL Zip 33068	
4. FEI Number 16-1725779		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLARD, MICHAEL 6555 NORTH POWERLINE ROAD SUITE 404 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6470 SW 7 CT. NORTH LAUDERDALE City FL Zip Code 33068	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete ALLARD, MICHAEL	TITLE	X Change <input type="checkbox"/> Addition 6470 SW 7 CT
NAME	ALLARD, MICHAEL	NAME	NO. LAUDERDALE, FL 33068
STREET ADDRESS	6555 NORTH POWERLINE ROAD, SUITE 404	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MURPHY, WADE M	TITLE	X Change <input type="checkbox"/> Addition 6470 SW 7 CT
NAME	MURPHY, WADE M	NAME	NO. LAUDERDALE, FL 33068
STREET ADDRESS	6555 NORTH POWERLINE ROAD, SUITE 404	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600096007886
NAME		NAME	04/06/07--01047--003 ***300.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 trustee 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 an address, with all other like empowered			
SIGNATURE: <u>Michael Allard</u> MICHAEL ALLARD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-19-07 954-448-8017 <small>Date Daytime Phone</small>	