

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000090614

FILED
Nov 10, 2009
Secretary of State

Entity Name: LAS OLAS INTERNATIONAL REALTY GROUP, INC.

Current Principal Place of Business:

888 E LAS OLAS BLVD
SUITE 601
FT LAUDERDALE, FL 33301

New Principal Place of Business:

1856 MONTE CARLO WAY
CORAL SPRINGS, FL 33071

Current Mailing Address:

888 E LAS OLAS BLVD
SUITE 601
FT LAUDERDALE, FL 33301

New Mailing Address:

1856 MONTE CARLO WAY
CORAL SPRINGS, FL 33071 US

FEI Number: 55-0906632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JON ROYCE RIDGEWAY
888 E LAS OLAS BLVD
601
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

ROBERTA T JOSAPHSON
1856 MONTE CARLO WAY
CORAL SPRINGS, FL 33301 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: ROBERTA T JOSAPHSON

11/10/2009

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: O () Delete
Name: RIDGEWAY, JON R
Address: 888 E LAS OLAS BLVD 601
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: JOSAPHSON, ROBERTA T
Address: 1856 MONTE CARLO WAY
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP () Change (X) Addition
Name: FIOCCHI, ELENA M
Address: 1856 MONTE CARLO WAY
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP () Change (X) Addition
Name: ORTON, CHARLOTTE
Address: 1856 MONTE CARLO WAY
City-St-Zip: CORAL SPRINGS, FL 33071 US

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: ROBERTA T JOSAPHSON

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11/10/2009

Electronic Signature of Signing Officer or Director

Date