


2007 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P05000143778 |  |
| 1. Entity Name CHAI SHOM EQUITIES, INC. | |

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| Principal Place of Business 1250 EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33019 | Mailing Address 1250 EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33019 |
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| 2. Principal Place of Business 2021 TYLER ST. Suite, Apt. #, etc. #201 City & State HOLLYWOOD, FL Zip 33020 Country BROWARD | 3. Mailing Address 2021 TYLER ST. Suite, Apt. #, etc. #201 City & State HOLLYWOOD, FL Zip 33020 Country BROWARD |
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| 6. Name and Address of Current Registered Agent EZAGUI, ELI 1250 EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33019 | 7. Name and Address of New Registered Agent Name ELI EZAGUI Street Address (P.O. Box Number is Not Acceptable) 2021 TYLER ST, #201 City HOLLYWOOD FL Zip Code 33020 |
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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

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D EZAGUI, ELI 1250 EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33019 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D EZAGUI, ELI 2021 TYLER ST, #201 HOLLYWOOD, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  (NOTE: Registered Agent signature required when reinstating) DATE DAYTIME PHONE #

FILED

07 JAN 11 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



01032007 REIN-P 06-07 CR2E098 (11/05)

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|---|--|
| 4. FEI Number 20-3700423 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |