2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000089656

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

Entity Name: REAL ESTATE OPTION INVESTMENTS INC.

FILED Sep 18, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
7910 TAFT STREET #313 PEMBROKE PINES, FL 33024				2934 POLYNESIAN ISLE BLVD ORLANDO, FL 34746			
Current Mailing Address:				New Mailing Address:			
7910 TAFT STREET #313 PEMBROKE PINES, FL 33024				2934 POLYNESIAN ISLE BLVD ORLANDO, FL 34746			
FEI Number:	71-1028637	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ())
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NICK SPRADLIN, PLLC 4001 WEST HENRY AVENUE SUITE 306 TAMPA, FL 33614 US				MATTHEW MARSH 7508 PACIFIC HEIGHTS CIRCLE ORLANDO, FL 32835 US			
The above in the State		submits this statement for the p	ourpose o	of changing i	ts registere	ed office or registered agent, or b	oth,
SIGNATURE: MATTHEW MARSH				09/18/2007			
	Electron	ic Signature of Registered Age	ent			Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSTD () MARSH, SHARO 7910 TAFT STR PEMBROKE PII	REET #313		Title: Name: Address: City-St-Zip:		(X) Change () Addition HARON FIC HEIGHTS CIRCLE , FL 33024	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition ATTHEW F FIC HEIGHTS CIRCLE , FL 32835	
Title: Name: Address:	()	Delete		Title: Name: Address:	CEO URIAS, MC 2934 POLY	() Change (X) Addition NICA (NESIAN ISLE BLVD	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

34746, FL 34746

BOZZUTO, JÌM

2934 POLYNESIAN ISLE BLVD

KISSIMMEE, FL 34746

() Change (X) Addition

VΡ

SIGNATURE: MATTHEW MARSH CFO 09/18/2007