2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000123120

Entity Name: WESTON HOME REALTY, CORP.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1675 MARKET STREET 830 REGAL COVE RD SUITE 213 WESTON, FL 33327

WESTON, FL 33326

Current Mailing Address: New Mailing Address:

830 REGAL COVE RD 1675 MARKET STREET SUITE 213 WESTON, FL 33327 WESTON, FL 33326

FEI Number: 20-5602627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SILVA'S ENTERPRISE, INC. PRADO, PATRICIA 5220 S UNIVERSITY DR 830 REGAL COVE RD WESTON, FL 33327 US SUITE C-102 DAVIE, FL 33328 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: PATRICIA PRADO 04/15/2009

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title:

PRADO, PATRICIA O PRADO, PATRICIA O Name: Name: 1675 MARKET STREET SUITE 213 Address: 830 REGAL COVE RD Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33327

() Delete Title: Title: (X) Change () Addition

Name: COCO, DANIEL P Name: COCO, DANIEL P 1675 MARKET STREET SUITE 213 Address: 830 REGAL COVE RD Address: WESTON, FL 33326 WESTON, FL 33327 City-St-Zip: City-St-Zip:

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: PATRICIA PRADO PDT 04/15/2009