

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


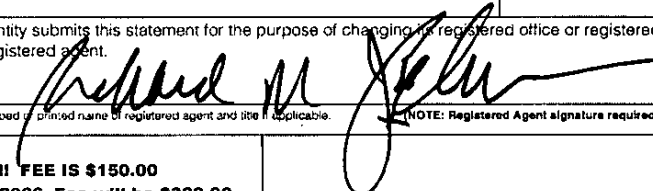
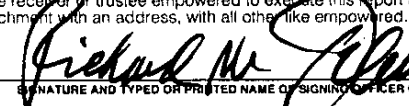
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2005 OCT 24 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10172005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P19948</b>					
1. Entity Name <b>FIRST REALTY CAYMAN CORPORATION</b>					
Principal Place of Business <b>%CFS BOX 613 GRAND CAYMAN, CAYMAN ISLANDS,</b>			Mailing Address <b>C/O LEGAL ASSETS, INC 1401 BRICKELL AVE., SUITE 700 MIAMI, FL 33131 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1864464</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LEGAL ASSETS, INC. 1401 BRICKELL AVE. SUITE 700 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>				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	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUDRY, LOUIS M.		NAME		
STREET ADDRESS	1401 BRICKELL AVE., SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZELMAN, RICHARD M.		NAME		
STREET ADDRESS	1401 BRICKELL AVE., STE 700		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EL KHEREIJI, MOHAMED		NAME		
STREET ADDRESS	1401 BRICKELL AVE., STE 700		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EL KHEREIJI, YOUSSEF		NAME		
STREET ADDRESS	1401 BRICKELL AVE., STE 700		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EL KHEREIJI, RAAD		NAME		
STREET ADDRESS	1401 BRICKELL AVE., SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EL KHEREIJI, FAISAL		NAME		
STREET ADDRESS	1401 BRICKELL AVE., SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  asst. Secy. 10/18/05 305-371-8797					

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