


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P39344</b>					
1. Entity Name <b>STEIN REALTY INVESTMENT CORP.</b>					
Principal Place of Business <b>10390 SANTA MONICA BLVD SUITE 210 LOS ANGELES, CA 90025 US</b>			Mailing Address <b>10390 SANTA MONICA BLVD SUITE 210 LOS ANGELES, CA 90025 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip Country			City & State  Zip Country		
4. FEI Number <b>95-3590277</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  <b>NRAI Services, INC. 326 E. Park Avenue Tallahassee FL 32301</b>		
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 <u>Zulma M. Howarth, Asst. Secy</u> DATE <u>11-10-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			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 NAME STREET ADDRESS CITY-ST-ZIP	CDPT STEIN, MITCHELL J 10390 SANTA MONICA BLVD STE 210 LOS ANGELES, CA 90025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042871561 11/18/04--01051--017 **150.00	
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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: <u>Mitchell Stein</u>			Date <u>11-11-04</u> Daytime Phone # <u>310-277-0057</u>		