


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P93000080195</b> 1. Entity Name R.G. REAL ESTATE HOLDING, INC. I	
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FILED  
06 APR 10 P:11:25:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1287 COVERSTONE CT. OLDSMAR, FL 34677	Mailing Address 1287 COVERSTONE CT. OLDSMAR, FL 34677
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2. Principal Place of Business	3. Mailing Address 1420 Walking Trail Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03082006 REIN-P CR2E098 (11/05) 05-06

City & State Mount Pleasant SC	City & State Mount Pleasant SC	4. FEI Number 59-3215522	Applied For Not Applicable
Zip 29466	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DEVITO, JAMES A 6830 CENTRAL AVE. SUITE A ST. PETERSBURG, FL 33707	7. Name and Address of New Registered Agent Name <u>Ronald A. Ronz</u> Street Address (P.O. Box Number is Not Acceptable) <u>1301 66th St. N.</u> City <u>St. Petersburg</u> <u>FL</u> Zip Code <u>33710</u>
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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: [Signature] DATE: 3-8-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D RAMA, STEVEN A 1287 COVERSTONE CT OLDSMAR, FL 34677	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/> 400070469604 04/14/06--01064--025 **900.00
NAME	1420 WALKING TRAIL CT MT PLEASANT SC 29466	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GOLDMAN, BERNARD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2100 BOCA WEST DR.	NAME	
STREET ADDRESS	BOCA RATON, FL 334349990	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [Signature] DATE: 3-9-06 DAYTIME PHONE: 216-8019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #