2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000078491

City-St-Zip:

MELVILLE, NY 11747

FILED Oct 18, 2007 Secretary of State

Entity Name: STUART PROPERTIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 49 S.W. FLAGLER AVE. STE 202 STUART, FL 34994 **New Mailing Address: Current Mailing Address:** C/O LAZER APTHEKER 225 OLD COUNTRY ROAD MELVILLE, NY 11747 FEI Number: 65-0619560 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: DUERR, JOSEPH D DUERR, JOSEPH D 49 S.W. FLAGLER AVE. 777 SOÚTH FLAGLER DR. SUITE 602 EAST TOWER SUITE 3-A STUART, FL 34994 US W. PALM BEACH, FL 33401 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: JOSEPH DUERR 10/18/2007 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: Title: () Delete () Change () Addition DUERR, JOSEPH D Name: Name: 10400 WHOOPING CRANE WAY Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: Title: () Change () Addition () Delete Name: APTHEKER, STEVEN B ESQ. Name: 225 OLD COUNTRY ROAD Address: Address: MELVILLE, NY 11747 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ROSELLA, RALPH A ESQ. Name: Name: 225 OLD COUNTRY ROAD Address: Address:

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:

SIGNATURE: STEVEN APTHEKER P 10/18/2007