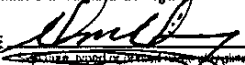
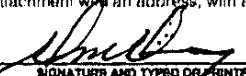


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P97000026297 1. Entity Name SOUTH FLORIDIANS REALTY, INC.					
Principal Place of Business 1311 CENTRAL TERRACE LAKE WORTH, FL 33460 US				Mailing Address P.O. BOX 289 LAKE WORTH, FL 33460-0289 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		FILED 06 NOV 16 PM 3: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA  11142006 REIN-P CR2E098 (11/05) 06	
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0801716	
5. Certificate of Status Desired ☒ \$8.75 Additional* Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent QUINONES, VICTOR M 1210 NORTH H STREET LAKE WORTH, FL 33460			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 		DATE <u>Nov. 14/2006</u> (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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	P QUINONES, VICTOR M 320 S. DIXIE HWY LAKE WORTH, FL 33480		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 800091856318 11/16/06--01037--026 **158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 			DATE <u>Nov. 14/2006</u> <u>1761540-5188</u>		