

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000087846

FILED  
Sep 28, 2009  
Secretary of State

Entity Name: DOUGLASTON PROPERTIES, INC.

## Current Principal Place of Business:

5323 SW 34TH TERRACE  
FT. LAUDERDALE, FL 33312

## New Principal Place of Business:

## Current Mailing Address:

5323 SW 34TH TERRACE  
FT. LAUDERDALE, FL 33312

## New Mailing Address:

FEI Number: 65-0861132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAWARDI, AVRAHAM  
5323 SW 34TH TERRACE  
FT. LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

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: AVRAHAM MAWARDI

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:

Title: PD ( ) Delete  
Name: MAWARDI, AVRAHAM  
Address: 5323 SW 34 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VTD ( ) Delete  
Name: MAWARDI, SHLOMI  
Address: 5323 SW 34TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: MAWARDI, AARON  
Address: 5323 SW 34TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD ( ) Delete  
Name: MAWARDI, RACHEL  
Address: 5323 SW 34TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SHLOMI MAWARDI

VP

09/28/2009

Electronic Signature of Signing Officer or Director

Date