

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000092899</b>					
<b>1. Entity Name</b> INTERNATIONAL REAL ESTATE SERVICES & INVESTMENTS, INC.					
<b>Principal Place of Business</b> 1221 BRICKELL AVE, 9TH FL MIAMI, FL 33131			<b>Mailing Address</b> 1221 BRICKELL AVE, 9TH FL MIAMI, FL 33131		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0790115	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
JANAK, MANUELA C 1975 NE 135TH ST APT #3E N MIAMI, FL 33181				Name Street Address (P.O. Box Number is Not Acceptable) City	
<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.</b>				FL Zip Code	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JANAK, MANUELA C 1975 NE 135TH ST. #3E N. MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JANAK, MANUELA C. 11111 BISCAYNE BLVD. PH-P MIAMI, FL 33181	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Manuela Janak</u>			10-14-2004		305-891-8657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

FILED

04 OCT 18 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

06/04

Applied Fee  
Not Applicable

\$8.75 Additional  
Fee Required

FL

Zip Code

500041939215  
10/18/04-01068-018 \$150.00

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