

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL AND FILED

05 DEC -5 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000012617					
1. Entry Name 595 REALTY CORP.					
Principal Place of Business 595 EAST 10TH AVENUE HIALEAH, FL 33010			Mailing Address 595 EAST 10TH AVENUE HIALEAH, FL 33010		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0825217				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent ALTER, RONALD A 81 N.E. 39TH STREET MIAMI, FL 33137			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: 10/30/05 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After January 1, 2006, 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLASTER, ALVIN		NAME		
STREET ADDRESS	595 EAST 10TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLASTER, RICHARD		NAME		
STREET ADDRESS	595 EAST 10TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLASTER, NORMA		NAME		
STREET ADDRESS	595 EAST 10TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 authorized 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 an attachment with an address, with all other the employees.					
SIGNATURE: 10/30/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					