

2006 FOR PROFIT CORPORATION REINSTATEMENT-

DOCUMENT # P99000025486 1. Entity Name ROBIN HYNES PA					
Principal Place of Business CALDWELL BANKER/BISHOP REALTY 7 NW 21 ST HOMESTEAD, FL 33030 US		Mailing Address 7 NW 21 ST HOMESTEAD, FL 33030 US			
2. Principal Place of Business FLORIDA KEYES RENTALS Suite, Apt. #, etc. ESAKES 913 N KROME AVE City & State HOMESTEAD FLA. Zip 33030 Country USA		3. Mailing Address 913 N KROME AVE Suite, Apt. #, etc. _____ City & State HOMESTEAD FL Zip 33030 Country USA			
4. FEI Number 65-0917599				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYNES, ROBIN 7 NW 21 ST HOMESTEAD, FL 33030			7. Name and Address of New Registered Agent Name ROBIN HYNES Street Address (P.O. Box Number is Not Acceptable) 445 NW 11 ST City HOMESTEAD FL Zip Code 33030		
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 <u><i>Robin Hynes PA</i></u> 9/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 HYNES, ROBIN 7 NW 21 ST HOMESTEAD, FL 33030		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT HYNES, ROBIN 445 NW. 11ST HOMESTEAD, FL 33030	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

Robin Hynes PA