

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 AM 10:43

DOCUMENT # P99000060639

1. Entity Name
3333 AVENTURA REALTY CORP.



Principal Place of Business
1103 12TH AVENUE E.
PALMETTO, FL 34221

Mailing Address
221 W. 26TH STREET
NEW YORK, NY 10001

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

Clb All Mobile Video

221 West 26th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: Chimmay Das

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10001

USA

10212005 REIN-P CR2E098 (6/04)

4. FEI Number

58-2481115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH, FL 33410

7. Name and Address of New Registered Agent

Name Ronald N. Johnson

Street Address (P.O. Box Number is Not Acceptable)

326 S. Grandview Avenue

City Daytona Beach

FL

Zip Code

32118

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 Ronald N. Johnson Ronald N. Johnson

10/21/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
DUKE, ANTON
221 WEST 26TH STREET
NEW YORK, NY 10001 ☐ 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
600061343026
11/10/05--01037--003 **1500.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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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 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.

SIGNATURE: X President

10/21/05 (386)252-3694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #