

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S44698

1. Entity Name
1095 N.W. 183RD STREET, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -5 PM 2:41

Principal Place of Business 19801 NW 7 CT NORTH MIAMI, FL 33169-3173	Mailing Address 19801 NW 7 CT NORTH MIAMI, FL 33169-3173
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REINSTATEMENT 05-06

2. Principal Place of Business Melinda Daniel Suite, Apt. #, etc. 6493 Broadtree Ct.	3. Mailing Address 6493 Broadtree Ct. Suite, Apt. #, etc. 1
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03202006 REIN-P CR2E098 (11/05)

City & State Tallahassee, FL	City & State Tallahassee FL
Zip 32317	Country Leon
Zip 32317	Country Leon

4. FEI Number 65-0256085	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRESCOTT, ROBERT L.
2605 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Melinda Daniel
Street Address (P.O. Box Number is Not Acceptable)
6493 Broadtree Ct.
City Tallahassee FL Zip Code 32317

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 Melinda Daniel DATE 4/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DANIEL, JACK <input checked="" type="checkbox"/> Delete 19801 NW 7TH COURT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Melinda Daniel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6493 Broadtree Ct. Tallahassee, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Melinda Daniel DATE 4/3/06 DAYTIME PHONE # 850-656-3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #