

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 APR 23 AM 10:38

CLERK OF STATE
TALLAHASSEE, FLORIDA

06-07



04102007 REIN-P CR2E098 (1/07)

DOCUMENT # S75429			
1. Entity Name CORPORATE PROPERTY RESOURCES, INC.			
Principal Place of Business 1345 MAIN ST C-2 SARASOTA, FL 34236 US		Mailing Address 1525 FOURTH STREET SUITE B SARASOTA, FL 34238 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1345 Main Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C-2	
City & State		City & State Sarasota, FL	
Zip	Country	Zip	Country
34236	USA	34236	USA
4. FEI Number 65-0283318		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORAN, JOHN A 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$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 DORE, STEPHEN W. 1345 MAIN ST SUITE C-2 SARASOTA, FL 34236 <input type="checkbox"/> Delete	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"/> 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: _____		4/12/07 941-754-5555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steve Dore		Date Daytime Phone #	

7/4/26