
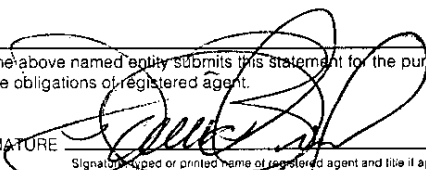
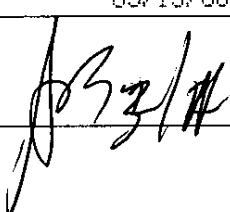
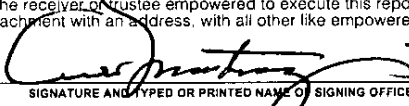


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 733776 1. Entity Name LA CASTELLANA CONDOMINIUM, INC.					
Principal Place of Business 7100 SW 99 AVE. 102 MIAMI, FL 33173 US		Mailing Address 7100 SW 99 AVE. 102 MIAMI, FL 33173 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1637837	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, CARLOS A 7100 SW 99 AVE 204 MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Florida Property Management Street Address (P.O. Box Number Not Acceptable) 7100 SW 99 AVE #102 City MIAMI FL Zip Code 33173	
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  <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE 2/22/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERDE, FRANK 13390 NE 7TH AVE, # 310 NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700067887917 03/15/06--01011--006 **297.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, ALDO 13390 NE 7 AVE #415 N. MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, ERIKA 13390 NE 7 AVENUE, #212 N. MIAMI BEACH, FL 33161	<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	<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	<input type="checkbox"/> Delete	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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 02-21-06 (305) 893-1461 <small>Date Daytime Phone #</small>		

FILED
06 FEB 27 AM 11:45
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



02102006 REIN-NPI (CR2E099 (11/05)) 05-06