2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2007
Secretary of State

DOCUMENT# 745231

Entity Name: B.T.E. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2929 UNIVERSITY DRIVE
#102
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2929 UNIVERSITY DRIVE
#102
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 59-1967185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLAX, MICHAEL DR.
2929 UNIVERSITY DR
SUITE 102
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

TRANSCONTINENTIAL PROPERTY MANAGEMENT
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

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.

SIGNATURE: TPM 10/10/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FLAX, MICHAEL DR.
Address: 2929 UNIVERSITY DR, #102
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD ( ) Delete
Name: GOLDBERG, MARC
Address: 2929 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD ( ) Delete
Name: LUBEN, ROBERT
Address: 2929 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D FLAX PD 10/10/2007
Electronic Signature of Signing Officer or Director — Date