

5/24/04 90012 028 *6125

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 747350 1. Entity Name HERITAGE SQUARE ASSOCIATION, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 DEC -1 AM 8:00 REINSTATEMENT 04	
Principal Place of Business 17000 SW 94 AVE MIAMI, FL 33157 US				Mailing Address P.O. BOX 571140 MIAMI, FL 33257-1140			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 11182004 REIN-NP CR2E099 (6/04) MRS			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number NOT APPLICABLE							
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent ROSS, BEVERLY 17170 SW 94 AVE #804 MIAMI, FL 33157				7. Name and Address of New Registered Agent Name <u>Dana A. Kohn P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>8900 Southwest 107 Ave Suite 206</u> <u>Miami FL 33176-1451</u> City <u>Miami</u> Zip Code <u>FL 33176-1451</u>			
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 <u><i>[Signature]</i></u> Signature, typed or printed name of registered agent and title if applicable.				<u><i>[Signature]</i></u> <u>11/18/04</u> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$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	MCD WEST, HERVAL ☒ Delete 17160 SW 94 AVE #604 MIAMI, FL 33157			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <u>Yvonne West</u> ☐ Change ☒ Addition 17160 SW 94 Ave, Unit 604 Miami FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD HARRISON, ROBERT III ☒ Delete 17170 SW 94 AVE #801 MIAMI, FL 33157			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Assistant Sec. <u>AURORA ARGUELLO</u> ☐ Change ☐ Addition 9400 S.W. 170 St Unit 102 Miami FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCMD ANDERSON, DIANNA ☒ Delete 17190 SW 94 AVE, 909 MIAMI, FL 33157			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beverly Ross ☐ Change ☒ Addition Secretary / Treasurer 1770 S.W. 94 Ave # 804 Miami FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CIFUENTES, MIGUEL ☒ Delete 9430 SW 170 ST #305 MIAMI, FL 33157			700043106717 12/01/04--01051--009 **183.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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		
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 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: <u><i>[Signature]</i></u> <u>YVONNE WEST</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>11/18/04</u> <u>305-255-7838</u> Date Daytime Phone #			