

**2006 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

06 DEC 20 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000002835			
1. Entity Name MURANO AT HAMPTON PARK NO. 5 CONDOMINIUM ASSOCIATION, INC. <i>W06000046820</i>			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325		Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-0000	
2. Principal Place of Business <i>8540 SW 25 Court</i>		3. Mailing Address <i>8540 SW 25 Court</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miramar, FL</i>		City & State <i>Miramar, FL</i>	
Zip <i>33025</i>	Country <i>USA</i>	Zip <i>33025</i>	Country <i>USA</i>
4. FEI Number 42-1591248		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTLE MANAGEMENT INC. 12270 SW 3RD STREET PLANTATION, FL 33325		7. Name and Address of New Registered Agent Name <i>Gary Mars, P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>Hymus, Director + Mars LLP</i> <i>150 West Flagler Street, Museum Tower, Ste. 2701</i> City <i>Miami</i> FL Zip Code <i>33130</i>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and file it electronically.		NAME <i>Gary Mars</i> DATE <i>12/12/06</i> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!! FEE IS \$236.25 After January 1, 2007, 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	TO DAVIS, SEAN 2505 SW 3RD TERRACE MIRAMAR, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DAVIS, Sean 2505 SW 82 Terr. Miramar, FL 33025 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MCFARLANE, DAVID 2557 SW 83RD TERRACE MIRAMAR, FL 33025 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gual, Richard 8304 SW 25 Court Miramar, FL 33025 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUTHERLANE, TASHA 2521 SW 83RD TERRACE MIRAMAR, FL 33025 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Ganji, Nagabhushanam 8305 SW 25 Court Miramar, FL 33025 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300082673543 12/20/06 01040 004 **175.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <i>06 15c</i> ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700081029677 10/19/06--01041--009 **61.25 ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>12/10/06</i> <i>9544362230</i> Daytime Phone #	