
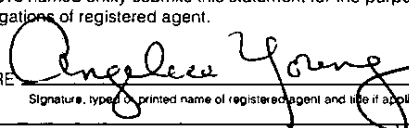
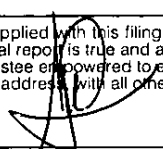


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 AUG 13 AM 10:58

<b>DOCUMENT # N03000006883</b> 1. Entity Name WEST HAVEN CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 3461 S.W. 8TH ST. MIAMI, FL 33135			Mailing Address 3461 S.W. 8TH ST. MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # <b>5979 NW 151 ST.</b>		3. Mailing Address <b>P.O. Box 160718</b>			
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc.			
City & State <b>MIAMI LAKES, FL</b>		City & State <b>HIALEAH, FL</b>		4. FEI Number <b>55-0859979</b>	
Zip <b>33014</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33016</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>Alex CAZO</b> <b>3461 SW 8th</b> <b>MIAMI, FL 33135</b>				7. Name and Address of New Registered Agent Name <b>ANGELICA YOUNG, ATTY AT LAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>5901 SW 74 St</b> <b>#300</b> City <b>MIAMI</b> FL Zip Code <b>33143</b>	
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 <b>7/29/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME <b>Elizabeth Sgure</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500134597355</b> <b>08/19/08--01024--005 **122.50</b>		
TITLE NAME <b>Jonny Echeverria</b> <input type="checkbox"/> Delete STREET ADDRESS <b>5979 NW 151 St Suite 101</b> CITY-ST-ZIP <b>MIAMI LAKES, FL 33014</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jonny Echeverria</b> <b>5979 NW 151 St Suite 101</b> <b>MIAMI LAKES, FL 33014</b>		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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:  <b>Jonny Echeverria</b> <b>7/29/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					