

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
 NOV - 8 3:59 PM '05
 MIAMI, FLORIDA
 SECRETARY OF STATE

DOCUMENT # N03000009264 1. Entry Name SALZEDO IN THE GABLES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1014 SALZEDO ST CORAL GABLES, FL 33134		Mailing Address 1014 SALZEDO ST CORAL GABLES, FL 33134	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 7400 NW 7th St. (#109) Suite, Apt. #, etc. #109 City & State Miami, FL Zip Country 33126	
4. CEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSADO, CARLOS A 7400 N W 7TH STREET #109 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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, the stated agent. SIGNATURE: Carlos Rosado DATE: 11/04/05 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re/instating)</small>			
FILE NOW!!! FEE IS \$236.25 <small>After January 1, 2006, Fee will be \$297.50</small>		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	PD GALLEGOS, MARK S 10050 SW 63 PL MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Debbie Sosa 1014 Salzedo St., #312 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REYES, CARLOS J 5121 THROUGHBRIDGE LANE SOUTHWEST RANCHES, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Maria Zerpa 1014 Salzedo St., #300 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROSADO, CARLOS A 7400 SW 7TH STREET #109 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Kevin Arnoux 1014 Salzedo St., #105 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Charlotte Tom 1014 Salzedo St., #200 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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 amendment with an address, with all other like empowered.			
SIGNATURE: Carlos Rosado DATE: 11/04/05 <small>Signature and typed or printed name of signing officer or director</small>		(305) 267-2120	

REINSTATEMENT 3:05

