

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000004143

1. Entity Name
CROWN GATE VILLAS II CONDOMINIUM ASSOCIATION, INC.



FILED

2008 JUN -2 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7750 WEST 26TH AVE
SUITE 4
HIALEAH, FL 33016

Mailing Address
P.O. BOX 160718
HIALEAH, FL 33016

2. Principal Place of Business - No P.O. Box #
5979 NW 151 ST.
Suite, Apt. #, etc.
Suite 101
City & State
MIAMI LAKES, FL
Zip
33014
Country
U.S.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



6. Name and Address of Current Registered Agent
FLORIDA'S PROPERTY MANAGEMENT GROUP
7750 WEST 26TH AVE
SUITE 4
HIALEAH, FL 33016

7. Name and Address of New Registered Agent
Name
Florida's Property Mgmt.
Street Address (P.O. Box Number is Not Acceptable)
5979 NW 151 ST. SUITE 101
City
MIAMI LAKES
FL
Zip
33014

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 Juan A. Colon Jose A. Colon 5/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50

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 STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, JUAN E P.O. BOX 160718 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600131091726 06/10/08--01008--009 ***122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, LUIS D P.O. BOX 160718 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUZ, MARIO P.O. BOX 160718 HIALEAH, FL 33016 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, or an officer or trustee empowered.

SIGNATURE: Juan Nunez 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #