

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

**FILED  
Jun 08, 2006  
Secretary of State**

DOCUMENT# N04000007274

Entity Name: VILLAS AT MATILDA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

285 SEVILLE AVE 2ND FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

285 SEVILLE AVE 2ND FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RAMIREZ, RAFAEL (RALPH)  
285 SEVILLE AVE 2ND FLOOR  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: RAFAEL (RALPH) RAMIREZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RAMIREZ, RAFAEL (RALPH)  
Address: 285 SEVILLE AVE 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVT ( ) Delete  
Name: GARCIA, JESUS  
Address: 285 SEVILLE AVE 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS ( ) Delete  
Name: BELLIN, MARSHALL  
Address: 285 SEVILLE AVE 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAGAEL (RALPH) RAMIREZ

PRES

06/08/2006

Electronic Signature of Signing Officer or Director

Date