

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000002528 1. Entity Name VIRGINIA POINTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3245 VIRINIA STREET MIAMI, FL 33133		Mailing Address 3245 VIRINIA STREET MIAMI, FL 33133			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1722 SW 84 CT MIAMI - FL		 REINSTATEMENT 02 10/31/07 REINSTATEMENT 02 099 (1/07)	
City & State Zip		City & State Zip		4. FEI Number Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEAR, DAVID 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Fidelity Property / Anicia Morales Street Address (P.O. Box Number is Not Acceptable) 1722 SW 84 CT City MIAMI FL 33155		
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 Anicia Morales 10-26-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$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	DP PEREZ, AGUSTIN 1637 NORTHWEST 28 AVE MIAMI, FL 33125	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400111639004 11/02/07--01031--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PEREZ, SANDY 13060 MAR ST CORAL GABLES, FL 33156	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.P./Treasure Xavier Perez 1637 NW 28 Ave. MIAMI - FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARTEL, JOSE 1637 NORTHWEST 28 AVE MIAMI, FL 33125	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				10-30-07 (305) 9870923 Date Daytime Phone #	

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CLERK OF STATE
TALLAHASSEE, FLORIDA