


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N32839 1. Entity Name EL PRADO XI CONDOMINIUM ASSOCIATION, INC.	
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FILED

05 JAN 28 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2500 NW 97TH AVE 200 MIAMI, FL 33172 US	Mailing Address 2500 NW 97TH AVE 200 MIAMI, FL 33172 US
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REINSTATEMENT 04-05

01192005 REIN-NP CR2E099 (6/04) TR

2. Principal Place of Business 2500 NW 97th Ave Suite, Apt. #, etc. # 200 City & State MIAMI Zip FL 33172 Country US	3. Mailing Address 2500 NW 97th Ave Suite, Apt. #, etc. # 200 City & State MIAMI, FL Zip 33172 Country US
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4. FEI Number 65-0156466	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 SPM GROUP INC 2500 NW 97TH AVE 200 MIAMI, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Eduardo Potundo 1/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50

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 <input type="checkbox"/> Delete GOMEZ, GUADALUPE 7702 W. 29 WAY 101 HIALEAH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICTORERO, GUADALUPE 7702 W 29 way #101 Hialeah FL, 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete MARCANO, MARITZA 7825 W 29 WAY 102 HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300046018593 02/04/05--01013--013 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete MORALES, SERGIO 7670 W 29TH WAY #102 HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete SANCHEZ, GUY JR 7640 W. 29TH WAY #101 HIALEAH, FL 33018	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
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)(f), 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: Guadalupe Victorero 1/25/05 (39) 4496757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #