

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N50383

FILED
Oct 30, 2008
Secretary of State

Entity Name: LOS PALACIOS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 W. 49 ST.
STE 220
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

900 W. 49 ST.
STE 220
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-0447932 **FEI Number Applied For ()** **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:

DELATORRE, CLEMENTE J
900 W. 49 ST
STE 220
HIALEAH, FL 33012 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: CLEMENTE J. DELATORRE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MARTINEZ, JOSE
Address: 900 W 49TH ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: GARCIA, EDDY
Address: 900 W 49TH ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: GARCIA, PEDRO
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: PD () Delete
Name: PALACIO, ALEX
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTINEZ, JOSE
Address: 900 W 49TH ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: VD (X) Change () Addition
Name: PALACIO, ALEX
Address: 900 W 49TH ST STE 220
City-St-Zip: HIALEAH, FL 33012

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

Title: D (X) Change () Addition
Name: GARCIA, EDDY
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify 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: JOSE MARTINEZ

PD

10/30/2008

Electronic Signature of Signing Officer or Director

Date