


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
06 APR -3 PM 1:48
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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|---|---|
| DOCUMENT # N99000005021 1. Entity Name POTOMAC PLACE CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 7376 SW 152 AVENUE MIAMI, FL 33193 | Mailing Address PO BOX 440067 MIAMI, FL 33144 |
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| 2. Principal Place of Business 7376 SW 152 Ave Suite, Apt. #, etc. | 3. Mailing Address 7376 SW 152 Ave Suite, Apt. #, etc. |
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02282006 REIN-NP CR2E099 (11/05) 05-06

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|---------------------------|---------------------------|-----------------------------|--|
| City & State Miami, FL | City & State Miami, FL | 4. FEI Number 65-0998586 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33193 | Country Dade | Zip 33193 | Country Dade |

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HERNANDEZ, LUIS 11890 SW 8 STREET 301 MIAMI, FL, 33184 <i>Delete</i> | 7. Name and Address of New Registered Agent Name: Ninoska Viloria Street Address (P.O. Box Number is Not Acceptable): 7380 SW 152 Ave City: Miami FL Zip Code: 33193 |
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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: Ninoska Viloria DATE: 01/01/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | PD LOPEZ, JAMEIDA <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOPEZ, JAMEIDA | NAME | |
| STREET ADDRESS | 7376 SW 152 AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33193 | CITY-ST-ZIP | |
| TITLE | VSD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VILORIA, NINOSKA | NAME | |
| STREET ADDRESS | 7380 SW 152 AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33193 | CITY-ST-ZIP | |
| TITLE | VSDT <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NINOSKA, VILORIA | NAME | |
| STREET ADDRESS | 7380 SW 152 AVE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33193 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Ninoska Viloria VP DATE: 01/01/06 DAYTIME PHONE #: 3058035013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR