


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000107736		
1. Entity Name CONDO 1409 INC.		

Principal Place of Business 50 BISCAYNE APT. 1409 MIAMI, FL 33131	Mailing Address 50 BISCAYNE APT. 1409 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 147-39, 77 Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Flash: ng NY	City & State
Zip 11367	Country

FILED
09 MAR 18 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




02092009 REIN-P CR2E098 (1/07)

4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAKHMINOV, DAVID 50 BISCAYNE APT. 1409 MIAMI, FL 33131	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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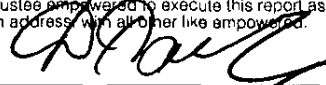
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  03.08.09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAKHMINOV, DAVID 50 BISCAYNE, APT. 1409 MIAMI, FL 33131 <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
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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 607, 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:  03.08.09 917 4960564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #