## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

		FILED .							
DOCUMENT # 729051  1. Entity Name						05 NOV -7 PM 3: 22			
MIRAMAR TERRACE CONDOMINIUM ASSOCITION, INC.						SECKETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place 1051 S.W. 1 MIAMI, FL 3	EET			IAI	_LANA33	EE, FLONDA			
O. Dissipal Class of Dissipan									
Principal Place of Business     Mailing Address     Mailing Address					ı			MŽŽUII BIBII BIBII BIBII BIBII BIBI	
Suite, Apt.	·	Suite, Apt. #, etc.			06082005 REI	N-NP	CR2E099 (6/04)		
City & Stat	te .	City & State				4. FEI Number 59-154919	0	<del> </del>	pplied For at Applicable
Zip	Country	Zip	Co	untry		5. Certificate of Sta	atus Desired	S8.75 Add Fee Require	litional
6. Name and Address of Current Registered Agent				Name		7. Name and Addi	ess of New R	egistered Agent	
FLAVELL, ROBERT 2701 PONCE DE LEON BLVD SUITE 302					ddress (F	P.O. Box Number is N	lot Acceptable	)	
CORAL G				•					
				City			· · · · ·	FL Zip Code	9
	named entity submits this statement for	r the purpose of changing	its register	ed office or	register	ed agent, or both, in	the State of Flo	rida. I am familiar with,	and accept
the obligations of registered agent.									
SIGNATURE 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								ake check payable to da Department of St	
10.	OFFICERS AND DIF	RECTORS	11.		Δ	L ADDITIONS/CHANGE	S TO OFFICER	RS AND DIRECTORS IN	10
TITLE NAME	PD HERNANDEZ, ROBERTO	☐ Delete	TITL					☐ Change	☐ Addition
STREET ADDRESS	1051 SW 1ST STREET		NAA Str	EET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33130			-ST-ZIP					
TITLE NAME	TD Delete			E 1E		11787765-6168-308***297.50			
STREET ADDRESS CITY-ST-ZIP	1051 S.W. 1ST ST. #301 MIAMI, FL 33130			EET ADDRESS '-ST-ZIP		11/0//03 01000006			#f.50
TITLE	SD	Delete	TITL			0 1		☐ Change	Addition Addition
NAME STREET ADDRESS	MUSTELL, LORENZO 1051 SW 1ST STREET		NAM STRI	ME Eet address	M	1 11/15			
_CITY+ST-ZIP	MIAMI;-FL=33130			-ST-ZIP	()-	1 11-9-			
TITLE NAME	VPD ZAMORA, MODESTO	☐ Delete	TITL Nam		$\int_{-\infty}^{\infty}$			☐ Change	☐ Addition
STREET ADDRESS	1051 SW 1ST STREET, APT #31	1	SIR	EET ADDRESS	•				
CITÝ-ST-ZIP	MIAMI, FL 33130	□ Delete	TITL	r-ST-ZIP				Change	☐ Addition
NAME	TRAJILLO, MERDEDES	L Delete	- NAM	IE					Addition
STREET ADDRESS CITY-ST-ZIP	1051 SW 1ST STREET MIAMI, FL 33130			EET ADDRESS '-ST-ZIP					
TITLE		☐ Delete	TITL				-	☐ Change	Addition
NAME STREET ADDRES\$			NAM SIRI	EET ADDRESS					-
CITY-ST-ZIP			CITY	+ST-ZIP					
12. Libereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Date AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date									
	GNATURE AND TYPED OR PI	minico nami; UF SIGNING OFFIC	EN ON DIREC	TOR			Date	Daytime Phone #	l.