2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008968

FILED May 16, 2006 Secretary of State

Entity Name: MORGAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

19816 WEST DIXIE HWY 5481 WILES ROAD

NORTH MIAMI BEACH, FL 33180 #501

COCONUT CREEK, FL 33073

Current Mailing Address: New Mailing Address:

19816 WEST DIXIE HWY 6572 N STATE RD 7

NORTH MIAMI BEACH, FL 33180 COCONUT CREEK, FL 33073

FEI Number: 20-4317465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

SMITH, GARY C ESQ SHERMAN, LANCE
C/O LYONS AND SMITH, P.A. 6572 N STATE RD 7
1230 NW SEVENTH STREET COCONUT CREEK, FL 33073

1230 NW SEVENTH STREET COCONUT CREEK, FL 33073 US MIAMI, FL 33125 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: LANCE SHERMAN 05/16/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 SHERMAN, LANCE
 Name:
 SHERMAN, LANCE

 Address:
 6518 NO. STATE ROAD 7
 Address:
 6572 N STATE RD 7

City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073

Title: DV () Delete Title: () Change () Addition

 Name:
 FITZSIMMONS, WILLIAM
 Name:

 Address:
 6518 NO. STATE ROAD 7
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:

Title: DST () Delete Title: () Change () Addition

 Name:
 GREENNIDGE, NICOLE
 Name:

 Address:
 6518 NO. STATE ROAD 7
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LANCE SHERMAN DP 05/16/2006