

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N25783 1. Entity Name I.B.E.W. LOCAL UNION NO. 759 BUILDING CORPORATION						FILED 07 AUG 24 AM 1:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O ROBERT A. SUGARMAN 301 N.E. 1ST STREET POMPANO BEACH, FL 33060-6607				Mailing Address C/O ROBERT A. SUGARMAN 301 N.E. 1ST STREET POMPANO BEACH, FL 33060-6607			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 REINSTATEMENT 06-07			
4. FEI Number 59-6135947				☐ Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUGARMAN, ROBERT A. 5959 BLUE LAGOON DR. SUITE 150 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Same Name of R Agent Street Address (P.O. Box Number is Not Acceptable) 100 Miracle Mile, Suite 300 City Coral Gables FL Zip Code 33134			
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 Signature, typed or printed name of registered agent and title if applicable.				DATE 8.1.07 (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	DPFD	☒ Delete	TITLE	P/D	☒ Change ☐ Addition		
NAME	SKILLAS, GEORGE A.		NAME	HAYNICK, TIM			
STREET ADDRESS	301 NE 1ST		STREET ADDRESS	301 NE 1ST			
CITY-ST-ZIP	POMPANO BEACH, FL		CITY-ST-ZIP	POMPANO BCH FL 33060			
TITLE	RSD	☐ Delete	TITLE	S/D	☒ Change ☒ Addition		
NAME	MURPHY, KEITH		NAME	DUNOVAN, STAVE			
STREET ADDRESS	301 RTC		STREET ADDRESS	301 NE 1ST			
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP	POMPANO BCH FL 33060			
TITLE	TD	☒ Delete	TITLE	T/D	☒ Change ☒ Addition		
NAME	COCHRANE, JOANNE		NAME	BRUCKER, TIM			
STREET ADDRESS	301 NE 1ST STREET		STREET ADDRESS	301 NE 1ST			
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP	POMPANO BCH FL 33060			
TITLE	VP	☐ Delete	TITLE	V/D	☒ Change ☐ Addition		
NAME	NAYNIOK, TIM		NAME	MURPHY, KEITH			
STREET ADDRESS	301 NE 1ST ST.		STREET ADDRESS	301 N.E. 1ST			
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP	POMPANO BCH FL 33060			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ 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:				DATE 8/21/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 954 946-8551			