## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT#711148** 

FILED Mar 19, 2008 Secretary of State

Entity Name: 711 CONDOMINIUM, INC. **Current Principal Place of Business: New Principal Place of Business:** 710 11TH ST APT 2 MIAMI BCH, FL 33139 US **Current Mailing Address: New Mailing Address:** 710 11TH ST, APT 2 MIAMI BCH, FL 33139 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OWENS, JOHN P 710 11TH ST, #1 M BEACH, FL 33139 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: JOHN P. OWENS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OWENS, JOHN Name: Name: 710-11TH ST, #1 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: TDV Title: ( ) Delete () Change () Addition Name: LEVY, SAMUEL Name: Address: 710-11TH ST. #6 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: DS () Delete Title: () Change () Addition NEMTZOV, DAVID Name: Name: 710 11TH STREET #1 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HUFF, GEORGE Name: Address: 710-11TH STREET #3 Address: City-St-Zip: MIAMI, FL 33139 City-St-Zip: Title: Title: () Delete () Change () Addition BARNHART, TERRY Name: Name: 710 11TH STREET #7 Address: Address: City-St-Zip: MIAMI, FL 33139 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRYAN GREGORY ALCORN MR. 03/19/2008