

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 701495 1. Entity Name VAN BUREN COOPERATIVE APARTMENTS INC						05 SEP 30 PM 6:05 REINSTATEMENT	
Principal Place of Business 1717 VAN BUREN ST HOLLYWOOD, FL 33020				Mailing Address 1717 VAN BUREN ST HOLLYWOOD, FL 33020			
2. Principal Place of Business		3. Mailing Address		REINSTATEMENT 59-0954388 REIN-NP CR2E099 (6/04) 05			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-0954388			
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RODRIGUEZ, HECTOR 1717 VAN BUREN ST. # 211 HOLLYWOOD, FL 33020				Name ADAM FRENT Street Address (P.O. Box Number is Not Acceptable) 1717 VAN BUREN ST # 104 City HOLLYWOOD FL 33020			
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 <i>Adam Frent (Secretary)</i> ADAM FRENT (Secretary) 9-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPEECHES, EDWARD 1717 VAN BUREN ST HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONNY OPIE 45 NORTH ST DUXBURY MA 02332		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOPEC, JANE 1717 VANBUREN ST. HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1717 VAN BUREN ST # 101		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE FILIPPO, LIOLA 1717 VANBUREN ST. HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CELESTINO MEALE 148 REGENT ROAD DOWNSVIEW ONT CANADA M3K 1H7		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, HECTOR 1717 VAN BUREN ST HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1717 VAN BUREN ST # 211		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRENT, ADAM 1717 VAN BUREN ST HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1717 VAN BUREN # 104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete				
12. I hereby 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 <i>Adam Frent</i> ADAM FRENT 9-27-05 954-925-0235 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							