2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# 706090

Entity Name: ENVOY APARTMENTS INC.

Current Principal Place of Business:

455 GOLDEN ISLES DRIVE
HALLANDALE, FL 33009

New Principal Place of Business:

455 GOLDEN ISLES DRIVE
30
HALLANDALE, FL 33009

Current Mailing Address:

455 GOLDEN ISLES DRIVE
HALLANDALE, FL 33009

New Mailing Address:

455 GOLDEN ISLES DRIVE
30
HALLANDALE, FL 33009

FEI Number: 59-1057840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

RODAS, SARA
455 GOLDEN ISLES DR
204
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

URBANEK, ALICE
15190 S.W. 136 STREET
21
MIAMI, FL 33193 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: ALICE URBANEK 10/09/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: RODAS, SARA
Address: 455 GOLDEN ISLES DR #204
City-St-Zip: HALLANDALE, FL 33099

Title: TD ( ) Delete
Name: VILLAQUIRAN, CARLOS
Address: 455 GOLDEN ISLES DR #102
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete
Name: BORGES, JORGETTE
Address: 455 GOLDEN ISLES #310
City-St-Zip: HALLANDALE, FL 33009

Title: PD (X) Delete
Name: PETERSON, ROBERT
Address: 455 GOLDEN ISLES #103
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: PETERSON, ROBERT
Address: 455 GOLDEN ISLES #103
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Change ( ) Addition
Name:
Address:
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: ROBERT PETERSON PD 10/09/2009
Electronic Signature of Signing Officer or Director — Date