2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 709974

FILED Mar 12, 2013 Secretary of State

Entity Name: SECOND MOORINGS CONDOMINIUM INC

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

1551 NE MIAMI GARDENS DRIVE 1551 NE MIAMI GARDENS DRIVE

320 #336

NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

1551 NE MIAMI GARDENS DRIVE 1551 NE MIAMI GARDENS DRIVE

#320 #336

MIAMI, FL 33179 US NORTH MIAMI BEACH, FL 33179 US

FEI Number: 59-1160713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAND, NORMAN WILLIAMS, KAREAN

1551 NE MIAMI GARDENS DR 1551 NE MIAMI GARDENS DR

320 #336

NORTH MIAMI BEACH, FL 33179 US NORTH MIAMI BEACH, FL 33179 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: KAREAN WILLIAMS 03/12/2013

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: WILLIAMS, KAREAN

Address: 1551 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VPD

Name: GOLDINER, IRVING

Address: 1551 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: STD

Name: RODRIGUEZ, ROSA

Address: 1551 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title:

Name: RIVERA, RAQUEL

Address: 1551 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title:

Name: KALB, STANLEY

Address: 1551 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: [

Name: KALB, JEAN

Address: 1551 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

I hereby 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 all other like empowered.

SIGNATURE: KAREAN WILLIAMS PD 03/12/2013