


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 710365 1. Entity Name 7434 HARDING CONDOMINIUM, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 APR -2 PM 12:10	
Principal Place of Business 7434 HARDING AVENUE MIAMI, FL 33141				Mailing Address 7434 HARDING AVENUE MIAMI, FL 33141			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2379442				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAMARGO, CLAUDIA 7434 HARDING AVE # 3 MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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>[Signature]</i> 03/30/08 <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 \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE V <input checked="" type="checkbox"/> Delete NAME SANTANA, JESUS STREET ADDRESS 7934 HARDING AVE SUITE 6 CITY-ST-ZIP MIAMI BEACH, FL 33141				TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ALBERTO FERRER STREET ADDRESS 7434 HARDING AVE #10 CITY-ST-ZIP MIAMI BEACH FL 33141			
TITLE P <input type="checkbox"/> Delete NAME CAMARGO, CLAUDIA STREET ADDRESS 7434 HARDING AVE SUITE 3 CITY-ST-ZIP MIAMI BEACH, FL 33141				TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME CAMARGO, CLAUDIA STREET ADDRESS 7434 HARDING AVE #3 CITY-ST-ZIP MIAMI BEACH, FL 33141			
TITLE TS <input checked="" type="checkbox"/> Delete NAME ACOSTA, MALTA L STREET ADDRESS 7434 HARDING AVE #7 CITY-ST-ZIP MIAMI, FL 33141				TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME RAMOS, MAYRA STREET ADDRESS 7434 HARDING AVE #2 CITY-ST-ZIP MIAMI BEACH FL 33141			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <i>[Signature]</i>				03/30/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			