

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 710750

FILED
Oct 16, 2007
Secretary of State

Entity Name: BROADWATER BEACH ARMS I, INC.

Current Principal Place of Business:

6490 COLLINS AVENUE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6490 COLLINS AVENUE
MIAMI BEACH, FL 33141

New Mailing Address:

6490 COLLINS AVENUE
12B
MIAMI BEACH, FL 33141

FEI Number: 59-0995649 **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:

AMOR, JOSE A
6490 COLLINS AV. APT. 12-B
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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: JOSE A AMOR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAVIA, SILVIA H
Address: 6490 COLLINS AVE #1
City-St-Zip: MIAMI, FL 33144

Title: VD () Delete
Name: HERNANDEZ, CARLOS
Address: 6490 COLLINS AVE APT H1
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: AMOR, JOSE A
Address: 6490 COLLINS AVE APT 12-B
City-St-Zip: MIAMI BEACH, FL 33141

Title: S () Delete
Name: SAYAS, SASHA M
Address: 6490 COLLINS AVE APT B
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: ALVAREZ, JESUS
Address: 6490 COLLINS AVE # 18
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOSE A AMOR

SD

10/16/2007

Electronic Signature of Signing Officer or Director

Date