2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

2006 NOV -1 AH 11: 49 **DOCUMENT #716814** SECRETAINT OF STATE TALLAHASSEE, FLORIDA CRYSTAL COURT MANOR NO. 14 CONDOMINIUM, INC. Principal Place of Business Mailing Address 1550 NORTH 12 COURT 1550-NORTH-12-COURT-HOLLYWOOD, FL 33019 HOLLYWOOD, Ft 33019 2. Principal Place of Business 3. Mailing Address 1554 N 1TH COURT Suite, Apt. #, etc. 10052006 REIN-NP CR2E099 (11/05) City & State Gity/8 State YWOOD, 4. FEI Number 06-0095868 Applied For Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME BELLUSCI, GLORIA Street Address (P.O. Box Number is Not Acceptable) 1554 N 12TH COURT # 12B HOLLYWOOD, FL 33019 City Zip Code FL 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 : FILE NOW!!! FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2007, Fee will be \$122.50 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME BELLUSCI, GLORIA NAME STREET ADDRESS STREET ADDRESS 1554 N, 12TH CT, 12B CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP DIRECTOR VD Delete TITLE Change ☐ Addition TITLE CONSTANCE GIOIA 1550 N 12TH COURT, #58 OKALO, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 1554 NORTH 12 CT., 7B HOWY WOOD, FL 33019 CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-7IP ☐ Delete ☐ Change TITLE ☐ Addition TITI F ARBESU, RAMON NAME 500081416295 1550 N 12TH COURT, # 8B STREET ADDRESS STREET ADDRESS 11/01/06--01013--003 HOLLYWOOD, FL 33019 CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE LAWLOR, RICHARD NAME NAME STREET ADDRESS 1550 N. 12TH CT., 3B STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP DIRECTOR TREASURER TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 impowered.

FILED