

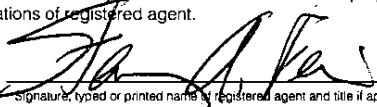

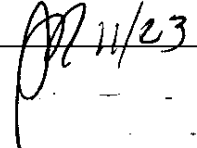
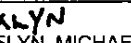
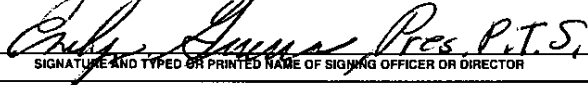


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 719094</b> 1. Entity Name <b>CONDOMINIUM ASSOCIATION OF PLAZA TOWERS SOUTH, INC.</b>						<b>FILED</b> <b>05 NOV 23 PM 5:09</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1849 S OCEAN DR HALLANDALE, FL 33009</b>				Mailing Address <b>1849 S OCEAN DR HALLANDALE, FL 33009</b>			
2. Principal Place of Business		3. Mailing Address		 10212005 REIN-NP CR2E099 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>59-1355519</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>FEIN, STEVEN A 900 SOUTH STATE RD. 7 FORT LAUDERDALE, FL 33317</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>11/14/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD  <b>GUERRAS, EVELYN</b> <b>1849 SO. OCEAN DRIVE</b> <b>HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600061215208</b> <b>11/07/05--01049--003 **236.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <b>HERNANDEZ, MARLENE</b> <b>1849 SO. OCEAN DR.</b> <b>HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CHERNEY, MIRIAM</b> <b>1849 S OCEAN DR #502</b> <b>HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD <b>ACOSTA, JULIO</b> <b>1849 SO. OCEAN DR.</b> <b>HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SEIDNER, BERNARD</b> <b>1849 S. OCEAN DRIVE</b> <b>HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD  <b>FRANKLYN, MICHAEL</b> <b>1849 S OCEAN DRIVE 1115</b> <b>HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10/27/05</b> Daytime Phone # <b>954-456-2816</b>			