

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 722162 1. Entity Name 755 BUILDING CONDOMINIUM, INC.	
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06 OCT -5 PM 1:39

Principal Place of Business 755 S.W. 6TH ST., APT. 16-A MIAMI, FL 33130	Mailing Address 7154-B S W 47TH STREET MIAMI, FL 33156
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2. Principal Place of Business Suite, Apt. #, etc. SAME	3. Mailing Address 7700 NORTH KENDALL DR Suite, Apt. #, etc. SUITE 802
City & State MIAMI	City & State MIAMI
Zip FL	Zip MIAMI-DADE



REINSTATEMENT

4. FEI Number 65-0050182	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CADICORP MANAGEMENT GROUP 7154-B S W 47TH STREET MIAMI, FL 33155
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7700 NORTH KENDALL DR - PH-2 City MIAMI FL 33156

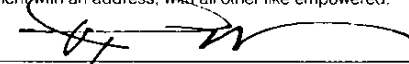
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 09.30.2006 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, OMAR 755 SW 6TH STREET MIAMI, FL 33130 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARASUSAN, ELSA 755 SW 6TH STREET MIAMI, FL 33130 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TARZIAN, BENITA 755 SW 6TH STREET MIAMI, FL 33130 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRENET, AIDE 755 SW 6TH STREET MIAMI, FL 33130 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABANA, GRISEL 755 SW 6TH STREET MIAMI, FL 33130 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100080499821 10/05/06--01044--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 09.30.2006	DAYTIME PHONE # 305.668.4800
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