


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 726205		
1. Entity Name LA MAR BREEZE CONDOMINIUM, INC.		

**FILED**  
09 JAN 23 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3944 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160	Mailing Address 3944 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160
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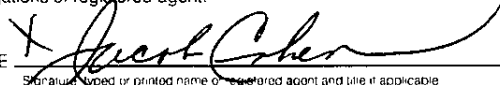


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12012008 REIN-NP CR2E099 (1/07)

4. FEI Number 59-1889719		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COHEN, JACOB 3944 NE 167TH ST #402 N MIAMI BCH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

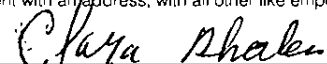
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  01/15/09  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, CAROL 3944 NE 167 APT #303 NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100139489051 01/05/09--01064--018 **195.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, DAVID 3944 NE 167 APT #202 NORTH MIAMI BEACH, FL 33160 <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	T ROHDE, CLARA 3944 NE 167TH ST #406 N MIAMI BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100139489051 01/23/09--01005--014 **102.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SENDRA, MARINA 3944 NE 167 APT #403 NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TALAMANT 08-09
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JACOB 3944 NE 167TH ST NE 402 NORTH MIAMI BEACH, FL 33160 <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	V GIORDANO, CARLOS 3944 NE 167 APT #201 NORTH MIAMI BEACH, FL 33160 <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 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:  12-15-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #