

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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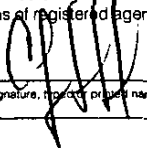

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

808-11



REINSTATEMENT  
07182008 REIN-NP CR2E099 (1/07)

07-08

|  |                       |  |                               |
|--|-----------------------|--|-------------------------------|
| DOCUMENT # 743703  |                       |             |                               |
| 1. Entity Name<br>SPARROW WOODS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.  |                       |  |                               |
| Principal Place of Business<br>2356 WEST 53 TERRACE, #9<br>HIALEAH, FL 33016   |                       | Mailing Address<br>2356 WEST 53 TERRACE, #9<br>HIALEAH, FL 33016                             |                               |
| 2. Principal Place of Business - No P.O. Box #   |                       | 3. Mailing Address<br>900 W. 49 Street   |                               |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.<br>220   |                               |
| City & State   |                       | City & State<br>Hialeah, FL  |                               |
| Zip  | Country               | Zip  | Country                       |
| 33012  | USA                   | 33012  | USA                           |
| 6. Name and Address of Current Registered Agent  |                       | 7. Name and Address of New Registered Agent  |                               |
| <del>SUAREZ, MIRIAM<br/>2356 WEST 53 TERRACE, #9<br/>HIALEAH, FL 33016</del>   |                       | Name<br>Clemente J. Delatorre  |                               |
|  |                       | Street Address (P.O. Box Number is Not Acceptable)   |                               |
|  |                       | 900 W. 49 Street, Suite 220  |                               |
|  |                       | City   | Zip Code                      |
|  |                       | Hialeah  | FL 33012                      |
| 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   |                       | DATE   |                               |
| Signature, if not printed name of registered agent and title if applicable.  |                       | (NOTE: Registered Agent signature required when reinstating)                                 |                               |
| FILE NOW!!! FEE IS \$122.50  |                       | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                               |
|  |                       | Make check payable to<br>Florida Department of State   |                               |
| 10. OFFICERS AND DIRECTORS   |                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |                               |
| TITLE  | P                     | TITLE  |                               |
| NAME   | SUAREZ, MIRIAM        | NAME   |                               |
| STREET ADDRESS   | 2356 W 53 TERR        | STREET ADDRESS   | 300134433433                  |
| CITY-ST-ZIP  | HIALEAH, FL 33016     | CITY-ST-ZIP  | 08/13/08--01026--002 **122.50 |
| TITLE  | S                     | TITLE  |                               |
| NAME   | ROJAS, LUIS F         | NAME   |                               |
| STREET ADDRESS   | 5360 WEST 23 LANE     | STREET ADDRESS   |                               |
| CITY-ST-ZIP  | HIALEAH, FL 33016     | CITY-ST-ZIP  |                               |
| TITLE  | T                     | TITLE  |                               |
| NAME   | HUERTA, MARIA CECILIA | NAME   |                               |
| STREET ADDRESS   | 5362 WEST 23 LANE     | STREET ADDRESS   |                               |
| CITY-ST-ZIP  | HIALEAH, FL 33016     | CITY-ST-ZIP  |                               |
| TITLE  |                       | TITLE  |                               |
| NAME   |                       | NAME   |                               |
| STREET ADDRESS   |                       | STREET ADDRESS   |                               |
| CITY-ST-ZIP  |                       | CITY-ST-ZIP  |                               |
| TITLE  |                       | TITLE  |                               |
| NAME   |                       | NAME   |                               |
| STREET ADDRESS   |                       | STREET ADDRESS   |                               |
| CITY-ST-ZIP  |                       | CITY-ST-ZIP  |                               |
| TITLE  |                       | TITLE  |                               |
| NAME   |                       | NAME   |                               |
| STREET ADDRESS   |                       | STREET ADDRESS   |                               |
| CITY-ST-ZIP  |                       | CITY-ST-ZIP  |                               |
| 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:    |                       | A-8/7/08 822-4839  |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                       | Date Daytime Phone #   |                               |