

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 743997

FILED  
Oct 07, 2009  
Secretary of State

Entity Name: MICHIGAN TERRACE ASSOCIATION, INC.

## Current Principal Place of Business:

750 MICHIGAN AVE  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

750 MICHIGAN AVE  
100  
MIAMI BEACH, FL 33139

## Current Mailing Address:

P.O. BOX 190901  
MIAMI BEACH, FL 33119

## New Mailing Address:

750 MICHIGAN AVE  
100  
MIAMI BEACH, FL 33139

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

DUR-RESNE, GARY  
C/O LE SOLEIL MGMT, UC  
66 W, FLAGLER ST # 1002  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

DUFRESNE, GARY  
750 MICHIGAN AVENUE  
101  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: GARY DUFRESNE

10/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DOLCE, DONALD  
Address: 245 EAST 63 STREET - 1719  
City-St-Zip: NEW YORK, NY 10021

Title: SD ( ) Delete  
Name: DUFRESNE, GARY  
Address: 750 MICHIGAN AVE; APT 101  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD ( ) Delete  
Name: SCHINDLER, MALISA  
Address: 750 MICHIGAN AVE  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: DELAHIGUERA, MALISA  
Address: 4715 NE MIAMI COURT  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALISA DELAHIGUERA

TRES

10/07/2009

Electronic Signature of Signing Officer or Director

Date