


**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

FILED

2007 NOV 13 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 750687**  
1. Entity Name  
CIRCLE ONE CONDOMINIUM, INC.



Principal Place of Business  
2599 NW 56 AVE  
LAUDERHILL, FL 33313 US

Mailing Address  
PO BOX 190191  
FT LAUDERDALE, FL 33319

2. Principal Place of Business - No P.O. Box #  
1511 E. Commercial Blvd.

3. Mailing Address  
1511 E. Commercial Blvd.

Suite, Apt. #, etc.  
Suite 141

Suite, Apt. #, etc.  
Suite 141

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

Zip  
33334

Country  
USA

Zip  
33334

Country  
USA

417107 90241 037 6125  
11/09/07--01030--014 \*\*175.00

5. Certificate of Status Desired  Applied For  
 Not Applicable

Fee  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
Zip Code

Name  
ROBERT C. MARTIN, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
Martin & Bennis, P.A.  
319 S.E. 14th Street  
City  
Ft. Lauderdale FL  
Zip Code  
33316

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 Robert C. MARTIN 11/8/07  
Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2008, Fee will be \$297.50**

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  Delete  
NAME GERZINA, JACK  
STREET ADDRESS 7363 WEXFORD TERR  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE P/D  Change  Addition  
NAME MARK STEPHENSON  
STREET ADDRESS 2183 N. Powerline Road, #1  
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE D  Delete  
NAME GLOVER, CHARLES  
STREET ADDRESS 2421 N.W. 36 STREET  
CITY-ST-ZIP BOCA RATON, FL

TITLE D  Change  Addition  
NAME MELISSA EVANS  
STREET ADDRESS 2611 N.W. 56th Avenue, #A501  
CITY-ST-ZIP Lauderhill, FL 33313

TITLE D  Delete  
NAME WILSON, FRED  
STREET ADDRESS 2601 NW 56 AVE. B-303  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE D  Change  Addition  
NAME VYLENE EVANS  
STREET ADDRESS 2611 N.W. 56th Avenue, #A502  
CITY-ST-ZIP Lauderhill, FL 33313

TITLE D  Delete  
NAME ST PREUX, FAROULE  
STREET ADDRESS 8200 SW 4 PL  
CITY-ST-ZIP MARGATE, FL 33068

TITLE T/D  Change  Addition  
NAME MEIR BENZAKEN  
STREET ADDRESS 1985 S. Ocean Drive, #2J  
CITY-ST-ZIP Hallandale, FL 33009

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: MARK STEPHENSON President 11/5/07 (954) 973-2122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/16/07