

# 2008 NON-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 751646</b> 1. Entity Name <b>TREASURE ISLAND COVE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1639 N. TREASURE DRIVE N BAY VILLAGE, FL 33141</b>		Mailing Address <b>7601 E TREASURE DRIVE CU9 N BAY VILLAGE, FL 33141</b>	
2. Principal Place of Business - No P.O. Box # <b>1601 N. treasure DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>1430 NW 15 ave</b> Suite, Apt. #, etc.	
City & State <b>North Bay Village, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33141</b>	Country <b>USA</b>	Zip <b>33125</b>	Country <b>USA</b>
4. FEI Number <b>65-0000046</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BERGIN, TIM 1639 NORTH TREASURE DRIVE NORTH BAY VILLAGE, FL 33141</b>		7. Name and Address of New Registered Agent Name <b>Joseph H. Ganquizza &amp; Associates, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 SE 3 avenue, #2150</b> City <b>Miami</b> FL Zip Code <b>33131</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable)</small>		DATE <b>11/14/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE VP NAME ARVELO, JOSE A STREET ADDRESS 1647 N. TREASURE DR CITY-ST-ZIP N. BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE P NAME Mendez, milagros STREET ADDRESS 1430 NW 15 ave CITY-ST-ZIP Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS NAME BERGIN, TIM STREET ADDRESS 1639 NORTH TREASURE DRIVE CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Recalde, A Miguel STREET ADDRESS 1430 NW 15 Ave CITY-ST-ZIP Miami, FL 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME MENDEZ, MILAGROS STREET ADDRESS 1629 NORTH TREASURE DRIVE CITY-ST-ZIP NORTH BAY VILLAGE, FL 33145	<input type="checkbox"/> Delete	TITLE S NAME Chirca, Chirca STREET ADDRESS 1430 NW 15 Ave CITY-ST-ZIP Miami, FL 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>10/22/08</b> <small>Date</small>	

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CLERK OF STATE  
TALLAHASSEE, FLORIDA



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