

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 753842 1. Entity Name KIKI CONDOMINIUM, INC.						FILE 06 OCT 27 3:40 SEC. TALLADEMA	
Principal Place of Business 2100 N.W. 20 STREET MIAMI, FL 33142				Mailing Address 7154-B S.W. 47 STREET MIAMI, FL 33142			
2. Principal Place of Business		3. Mailing Address 7700 N. KENDALL DR		 REINSTATEMENT 2006 10242006 REIN NR CR2E099 (1105) WDP			
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SUITE 802					
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA					
Zip 33156		Country MIAMI DADE		4. FEI Number 65-0326174		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 CADICORP MANAGEMENT GROUP 7154-B S.W. 47 STREET MIAMI, FL 33155			
7. Name and Address of New Registered Agent Name CADICORP MANAGEMENT GROUP, Inc. Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DRIVE - PH-2 City MIAMI FL 33156				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. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 10-21-2006			
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JETHANY, INDRU 2120 NW 20 ST MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400081275204 10/27/06--01026--023 **61.25 SAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NASIR, ASRAR A 2120 NW 20 ST MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, JORGE 2108 N.W. 20 STREET MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME		
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:				DATE 10-21-2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305-668-4800			