
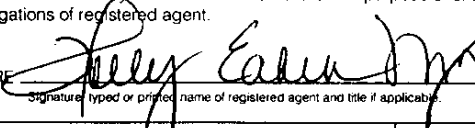
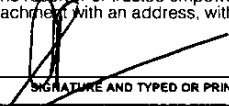


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 755993 1. Entity Name 7 EAST CONDOMINIUM ASSOCIATION, INC.						FILED 07 SEP 28 PM 12:42 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 535 NE 7 AVENUE FT. LAUDERDALE, FL 33301				Mailing Address 535 NE 7 AVENUE FT. LAUDERDALE, FL 33301			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent TIGHE, TOM 800 E BROWARD BLVD STE 505 FT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Jelly Eakin Moody Street Address 2908 E. Oakland Rd Blvd City Fort Lauderdale FL Zip Code 33306			
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 9/25/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, 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	PD FEJES, FRED 543 NE 7TH AVE FORT LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200110058222 09/28/07--01044--012 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALCEDO, MICHELE 567 NE 7TH AVE FT LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/10/03		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC MICHELNA, WENDY 551 NE 7TH AVE FT LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/10/03		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR OLDAKER, ALFRED PO BOX 11402 FORT LAUDERDALE, FL 33339			TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/10/03		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, DAVID 599 NE 7TH AVE FORT LAUDERDALE, FL 3301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/10/03		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/10/03		
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: 				ALFRED E. OLDAKER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date				Daytime Phone #			