


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 755993 1. Entity Name 7 EAST CONDOMINIUM ASSOCIATION, INC.	
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FILED
07 SEP 28 PM 12:42

SECRETARY 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 07

09252007 REIN-NEP CB25009 (1/07)

* FEI Number 692478232	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

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: Jolly Eakin Moody
 Street Address: 2908 E. Oakland Rd Blvd
 City: Ft 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: Jolly Eakin Moody DATE: 9/25/07

(NOTE: Registered Agent signature required when reinstating)

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	PD FEJES, FRED	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	543 NE 7TH AVE			NAME	200110058222		
STREET ADDRESS	FORT LAUDERDALE, FL 33301			STREET ADDRESS	09/28/07--01044--012 **61.25		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VPD SALCEDO, MICHELE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	567 NE 7TH AVE			NAME			
STREET ADDRESS	FT LAUDERDALE, FL 33301			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	SC MICHELNA, WENDY	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	551 NE 7TH AVE			NAME			
STREET ADDRESS	FT LAUDERDALE, FL 33301			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	TR OLDAKER, ALFRED	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PO BOX 11402			NAME	M10/3		
STREET ADDRESS	FORT LAUDERDALE, FL 33339			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D GOLDMAN, DAVID	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	599 NE 7TH AVE			NAME			
STREET ADDRESS	FORT LAUDERDALE, FL 3301			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: ALFRED E. OLDAKER DATE: 9-25-07 DAYTIME PHONE #: 954-661-4481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR