

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 17 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07
10032007 FEB 11 10:25 AM CR22099 (1/07)

DOCUMENT # 756654 1. Entity Name REGALO WAREHOUSE CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business 3857 W 16 AVE HIALEAH, FL 33012		Mailing Address 3857 W 16 AVE HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1899635
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent CAYON, ROBERTO 3857 W 16 AVE HIALEAH, FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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 CAYON, ROBERTO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3857 W 16 AVE	NAME	200110897502
STREET ADDRESS	HIALEAH, FL 33012	STREET ADDRESS	10/17/07--01038--001 ++70.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T CAYON, GLADYS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3857 W 16 AVE	NAME	
STREET ADDRESS	HIALEAH, FL 33012	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T CAYON, MAURICO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3857 W 16 AVE	NAME	
STREET ADDRESS	HIALEAH, FL 33012	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>\$10/10/08</i>	NAME	
STREET ADDRESS		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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR