

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 13, 2006  
Secretary of State**

DOCUMENT# 770906

**Entity Name:** FRENCH AMERICAN CHAMBER OF COMMERCE OF MIAMI/FT. LAUDERDALE, INC.

**Current Principal Place of Business:**

14 N.E. 1ST AVE.  
SUITE 1005  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

14 N.E. 1ST AVE.  
SUITE 1005  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 59-2354035      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

EDELSTEIN, STEVEN A ESQ  
BILTMORE HOTEL EXEC. OFFICE CTR  
1200 ANASTASIA AVENUE, SUITE 450  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: STEVEN A. EDELSTEIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAPDEVIELLE, XAVIER  
Address: 14 N.E. 1ST AVE., STE 1005  
City-St-Zip: MIAMI, FL 33132

Title: PD (X) Change ( ) Addition  
Name: BRION, JACQUES  
Address: 14 N.E. 1ST AVE., STE 1005  
City-St-Zip: MIAMI, FL 33132

Title: VD ( ) Delete  
Name: CHOUKROUN, DIDIER  
Address: TWO BISCAYNE BLVD., STE 2630  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Delete  
Name: WOODBRIDGE, FREDERICK  
Address: 7700 N. KENDALL DR., STE 809  
City-St-Zip: MIAMI, FL 33156

Title: SD (X) Change ( ) Addition  
Name: WOODBRIDGE, FREDERICK  
Address: 701 BRICKELL AVENUE, STE 1650  
City-St-Zip: MIAMI, FL 33131

Title: TD ( ) Delete  
Name: SUREAU, OLIVIER  
Address: 100 N. BISCAYNE BLVD., STE 500  
City-St-Zip: MIAMI, FL 33132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK WOODBRIDGE, JR.

SD

10/13/2006

Electronic Signature of Signing Officer or Director

Date