## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N00000003842

FILED Jan 17, 2006 Secretary of State

Entity Name: MIAMI BEACH CONDOMINIUM AND HOMEC	OWNERS ALLIANCE, INC.
Current Principal Place of Business:	New Principal Place of Business:
300-71ST STREET SUITE #405 MIAMI BEACH, FL 33141	P.O. BOX 402502 MIAMI BEACH, FL 33140
Current Mailing Address:	New Mailing Address:
300-71ST STREET SUITE #405 MIAMI BEACH, FL 33141	P.O. BOX 402502 MIAMI BEACH, FL 331433141
FEI Number: 65-1026835 FEI Number Applied For() FEI In accordance with s. 607.193(2)(b), F.S., the corporation did not recei	Number Not Applicable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
JONAS, DANIEL E 300-71ST STREET SUITE #405 MIAMI BEACH, FL 33141 US	FONTANA, JOSEPH . 5750 COLLINS AVE #16-G MIAMI BEACH, FL 33140 US
The above named entity submits this statement for the purpos in the State of Florida.	se of changing its registered office or registered agent, or both,
SIGNATURE: JOSEPH FONTANA	01/17/2006
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: HARRIS, RONALD Address: 5750 COLLINS AVE. APT. 6D City-St-Zip: MIAMI BEACH, FL 33140	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D () Delete Name: HELLMAN, SHEILA Address: 465 OCEAN DRIVE City-St-Zip: MIAMI BEACH, FL 33139	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D ( ) Delete Name: FONTANA, JOSEPH Address: 5750 COLLINS AVE. APT. 16G	Title: ( ) Change ( ) Addition Name: Address:

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: JOSEPH FONTANA D 01/17/2006