2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # N00898 07 OCT 24 AH 7: 39 CALÚSA CLUB VILLAGE CONDOMINIUM BLDG. E ASSOCIATION, INC. Josephan Of STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA CARIBBEAN PROPERTY MANAGEMENT CARIBBEAN PROPERTY MANAGEMENT 12301 SW 132 CT 12301 SW 132 CT MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2384465 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBIO, MARLENE LEON Street Address (P.O. Box Number is Not Acceptable) 6780 CORAL WAY MIAMI, FL 33155 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 HTLE SD Delete TITLE HOLDER, ANN M NAME NAME 13240 SW 88TH LANE #105 STREET ADDRESS STREET ADDRESS 3240 EV CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TVPD Delete Change addition . TITLE TITLE evaldo Ganzalez BEATO, EILEEN NAME NAME 13240 SW 88TH LANE #101 13240 SW 88-11 STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP Miami Delete TITLE TITLE ☐ Change Addition iune Donalds LOPEZ, ERICO Arlene Umaios NAME NAME STREET ADDRESS 13240 SW 88TH LANE #203 STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP Miami Delete TITLE TITLE ☐ Change ☐ Addition AVILAN, ALICIA NAME NAME 13240 SW 88 LANE #109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-\$1-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR