## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N01000000837

FILED Apr 11, 2008 Secretary of State

Entity Nan	ne: ALHAMBRA SEVEN CONDOMINIUM AS	SSOCIATION, INC.		
Current Pr	incipal Place of Business:	New Principal Place o	of Business:	
3255 WES <sup>-</sup> APT 5 HIALEAH, F	Г 26TH AVE FL 33016			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
3255 WES <sup>-</sup> APT 5 HIALEAH, F	Г 26TH AVE FL 33016			
FEI Number: In accordanc	65-1095562 FEI Number Applied For() e with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable ( ) treceive the prior notice.	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
SANCHEZ, 5255 W 26 APT 5 HIALEAH, F		SANCHEZ, JUAN E 5255 W 26TH AVE. HIALEAH, FL 33014	US	
The above in the State	named entity submits this statement for the poor of Florida.	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JUAN E. SANCHEZ			04/11/2008	
	Electronic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete NOYOLA, MELBA 5255 W 26TH AVE #5 HIALEAH, FL 33014	Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	VD () Delete MARTINEZ, ELIDO J 5255 W 26TH AVE #13 HIALEAH, FL 33014	Title: ( Name: Address: City-St-Zip:	)Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () Delete MARTINEZ, DIANA 5255 WEST 26TH AVE SUITE 14 HIALEAH, FL 33016	Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MELBA L. NOYOLA PD 04/11/2008