

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000006615 1. Entity Name BARACOA CONDOMINIUM ASSOCIATION, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 OCT 18 PM 12:02			
Principal Place of Business 2850 DOUGLAS ROAD PENTHOUSE CORAL GABLES, FL 33134				Mailing Address 2850 DOUGLAS ROAD PENTHOUSE CORAL GABLES, FL 33134				REINSTATEMENT 04 10142004 REIN-NP CR2E099 (6/04) #35.00	
2. Principal Place of Business 360 Sunset Drive Suite, Apt. #, etc. 252		3. Mailing Address same Suite, Apt. #, etc.		4. FEI Number 32-0053946		Applied For ☐ Not Applicable			
City & State Miami, FL		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Zip 33173			
Country USA		Zip 33173		Country		6. Name and Address of Current Registered Agent HERNANDEZ, HECTOR 2850 DOUGLAS ROAD PENTHOUSE CORAL GABLES, FL 33134			
7. Name and Address of New Registered Agent Name Laura Garcia Street Address (P.O. Box Number is Not Acceptable) 6091 W 22 Ct Apt 301 City Hialeah		FL		Zip Code 33016		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: Laura Garcia 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, 2005, 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 P NAME GARCIA, LAURA STREET ADDRESS 6091 WEST 22 COURT CITY-ST-ZIP HIALEAH, FL 33016	☐ Delete			TITLE V NAME Anilay Garcia STREET ADDRESS 6091 W 22 Ct CITY-ST-ZIP Miami FL 33016	☒ Change ☐ Addition				
TITLE V NAME NOGUERAS, ELIEZER STREET ADDRESS 6091 WEST 22 COURT CITY-ST-ZIP MIAMI, FL 33128	☒ Delete			☐ Change ☐ Addition					
TITLE S NAME TORRES, YENISE STREET ADDRESS 6091 WEST 22 COURT CITY-ST-ZIP MIAMI, FL 33128	☐ Delete			☐ Change ☐ Addition					
☐ Delete				☐ Change ☐ Addition					
☐ Delete				☐ Change ☐ Addition					
☐ Delete				☐ Change ☐ Addition					
☐ Delete				☐ Change ☐ Addition					
☐ Delete				☐ Change ☐ Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Laura Garcia SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #					