


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000007851</b> 1. Entity Name <b>B-PLAZA CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> <b>05 OCT 18 AM 9:27</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT 05</b>	
Principal Place of Business <b>2101 E HALLANDALE BEACH BLVD</b> <b>304</b> <b>HALLANDALE, FL 33009 US</b>				Mailing Address <b>2101 E HALLANDALE BEACH BLVD</b> <b>304</b> <b>HALLANDALE, FL 33009 US</b>			
2. Principal Place of Business <b>8719 NW 50<sup>th</sup> Street</b> Suite, Apt. #, etc.				3. Mailing Address <b>8719 NW 50<sup>th</sup> Street</b> Suite, Apt. #, etc.			
City & State <b>Lauderhill, Florida</b> Zip <b>33351</b> Country <b>USA</b>				City & State <b>Lauderhill, Florida</b> Zip <b>33351</b> Country <b>USA</b>			
6. Name and Address of Current Registered Agent <b>BITON, AMNON</b> <b>2101 E HALLANDALE BEACH BLVD</b> <b>304</b> <b>HALLANDALE, FL 33009</b>				7. Name and Address of New Registered Agent Name <b>Klaverton Dixon</b> Street Address (P.O. Box Number is Not Acceptable) <b>8719 NW 50<sup>th</sup> Street</b> City <b>Lauderhill, Florida</b> <b>FL</b> Zip Code <b>33351</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE <b>Biton Amnon</b> <input checked="" type="checkbox"/> Delete NAME <b>2101 E. Hallandale beach blvd</b> STREET ADDRESS <b>304</b> CITY-ST-ZIP <b>Hallandale, Florida 33009</b>				TITLE <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Klaverton Dixon</b> STREET ADDRESS <b>8719 NW 50<sup>th</sup> Street</b> CITY-ST-ZIP <b>Lauderhill, Florida 33351</b>			
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				TITLE <b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Jonathan Lester</b> STREET ADDRESS <b>8719 NW 50<sup>th</sup> Street</b> CITY-ST-ZIP <b>Lauderhill, Florida 33351</b>			
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <b>300060696879</b> <b>10/18/05--01011--023</b> <b>\$61.25</b>			
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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.							
<b>SIGNATURE:</b> _____ <b>10/14/05</b> <b>954-572-8422</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							