


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000004493 1. Entity Name LAS PALMAS AT JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION, INC.	
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FILED
07 JUN -1 PM 4: 12

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



052920 REINSTATEMENT 06-07

Principal Place of Business 214-B 6TH AVE S B JACKSONVILLE BEACH, FL 32250	Mailing Address 214-B 6TH AVE S B JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO BOX 10485
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE FL	4. FEI Number 56-2281822
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Zip 32247	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CENCI, CHRISTOPHER 214-B 6TH AVE S JACKSONVILLE BEACH, FL 32250	7. Name and Address of New Registered Agent Name MIKE VINCI Street Address (P.O. Box Number is Not Acceptable) 214 6TH AVE S #B City JACKSONVILLE BEACH FL Zip Code 32250
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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.

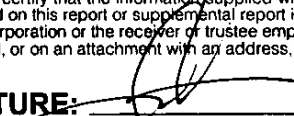
SIGNATURE  **MIKE VINCI** DATE **5/30/07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D CENCI, CHRIS	TITLE	PRESIDENT
NAME	CENCI, CHRIS	NAME	MIKE VINCI
STREET ADDRESS	214-B 6TH AVE S	STREET ADDRESS	214 6TH AVE S #B
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME	\$76/b	NAME	100104256841
STREET ADDRESS		STREET ADDRESS	06/12/07--01011--009 **122.50
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MIKE VINCI** DATE **5/30/07** DAYTIME PHONE # **904-861-8259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR