
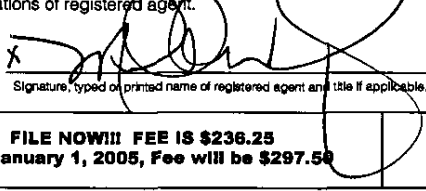

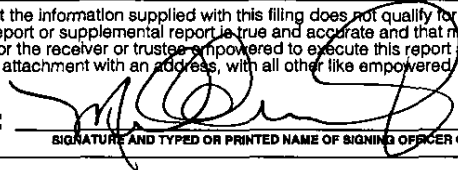


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000005844 1. Entity Name M RESORT RESIDENCES CONDOMINIUM ASSOCIATION, INC.						FILED 04 NOV -8 AM 10: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 18695 COLLINS AVE SUNNY ISLES BEACH, FL 33160 US				Mailing Address 1300 BRICKELL AVENUE MIAMI, FL 33131 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address c/o Carlos Caraballo Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA LLC 100 SOUTHEAST SECOND STREET, STE. 2900 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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.</small>				DATE 10/25/04			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHORON, RON L 1300 BRICKELL AVE MIAMI, FL 33131 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-size: 1.2em;"> 200042558552 11/08/04--01050--009 **245.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV IMERY, EDUARDO 1300 BRICKELL AVE MIAMI, FL 33131 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST APARICIO, ALEJANDRO 1300 BRICKELL AVE MIAMI, FL 33131 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10/25/04		Daytime Phone # 305-351-1000	