2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with

SIGNATURE:

DOCUMENT # N03000001504 05 APR 20 AM 9:51 1. Entity Name BLUE GROVE CONDOMINIUM ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7935 S.W. 86TH STREET 7935 S.W. 86TH STREET SUITE 803 SUITE 803 MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address PO BOX 148368 Suite, Apt. #, etc. Suite, Apt, #, etc. 04142005 REIN-NP CR2E099 (6/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MRESTES CABRERA ARANGO, RAFAELA 7935 S.W. 86TH STREET SUITE 803 MIAMI, FL 33143 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 8. The above named exits the obligations of gistered agent SIGNATURE rme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 corporation did not receive the prior notice. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE THILE Change ☐ Addition Delete ORESTES CABRERA AANGO, RAFAELA NAME NAME 7935 SW 865T #803 7935 S.W. 86TH STREET, SUITE 803 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP MIAMI TITLE VSD Detete TITE F ☐ Change Addition MARIO J (79355W86 CABRERA, ORESTES NAME NAME STREET ADDRESS 7935 S.W. 86TH STREET, SUITE 803 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP TD TITI E Detete TITLE MARTINEZ, PEDRO NAME NAME 7935 SW 8651 7935 S.W. 86TH STREET, SUITE 803 STREET ADDRESS STREET ADDRESS 33143 CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP MIAMI TITLE ☐ Delete TITLE Change Addition **500054685** 05/17/05--01065--003 NAME NAME STREET ADDRESS STREET ADDRESS **122.50 CITY-ST-7P CITY-ST-ZP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 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 typistee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ner like empowered

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

alre

ORESTES CABRERA