2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002905

FILED Nov 29, 2004 Secretary of State

Entity Name: FLORIDIAN ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1937 EAST ATLANTIC BLVD., SUITE 12 1937 EAST ATLANTIC BLVD., SUITE 9 FORT LAUDERDALE, FL 33360 FORT LAUDERDALE, FL 33360 **Current Mailing Address: New Mailing Address:** 1937 EAST ATLANTIC BLVD., SUITE 12 1937 EAST ATLANTIC BLVD., SUITE 9 FORT LAUDERDALE, FL 33360 FORT LAUDERDALE, FL 33360 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BEESON, JAMES M BEESON, JAMES M 1937 EAST ATLANTIC BLVD., SUITE 12 1937 EAST ATLANTIC BLVD., SUITE 9 FORT LAUDERDALE, FL 33360 FORT LAUDERDALE, FL 33360 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. SIGNATURE: JAMES M BEESON 11/29/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition ABADI, CHAIM Name: Name: 12421 NW 15 STREET APT. 304 Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: Title: DVST () Delete Title: () Change () Addition Name: BEESON, JAMES M JR Name: Address: 7099 EAST TROPICAL WAY Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition BEESON, JAMES B Name: Name: Address: 7099 EAST TROPICAL WAY Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M BEESON JR VP 11/29/2004