2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0300003922 1. Entity Name SHIPPING VILLAS CONDOMINIUM ASSOCIATION, INC.								05 JAN -3 PH 3: 15					
Principal Place of Business 285 SEVILLA AVENUE 2ND FLOOR CORAL GABLES, FL 33134 Mailing Address 285 SEVILLA AVENUE 2ND FLOOR CORAL GABLES, FL 33134 CORAL GABLES, FL 33134								SI TAL	CREN LAHA	ARY OF ISSLE F	STATE LORIDA		
2. Principal P	g Address	dress											
2970 Suite, Apt.		DO AUC	Suite, Apt. #, etc.				731270208485	ran	FMF	A (6/04)	M		
City & Stat	e .	City & State					A FEI Number X Applied For						
Cocosul	- 6200	Zip * Country					20 - 1985773 Not Applicable						
33133 Country USA			`			5. Certificate of S			Fee Hequired				
	6. Name	Agent	-	Name I I I I I I I I I I I I I I I I I I I									
RAMIREZ, RAFAEL (RALPH) 285 SEVILLA AVENUE 2ND FLOOR							Name NichoLAS FASANO Street Address (P.O. Box Number is Not Acceptable)						
CORAL G	ABLES, FI	33134					2970 Shipping Ave.						
							ocon	ONUT Grove FL Zip Code 33/33					
	named entit	y submits this statement for	the purpos	se of changing its	register					e of Florida. I	am familiar with,	and accept	
ine congai	~ W	1100	2		~					102-	7-04		
SIGNATURE		or printed name of registered agent a	nd title it applic	ebie. (NOT	E: Register	ed Agent sign	uture requi	red when reinstating)		/ X	ATE		
FILE NOW!!! FEE IS \$61.25 In accordance corporation di						s. 607.19 receive t	93(2)(b) he prior	F.S., the notice. Make check payable to Florida Department of State					
10.		OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CHAN	GES TO C	FFICERS AN			
TITLE NAME	PD RAMIREZ	, RAFAEL (RALPH)		Delete . TITLE			Pres	JAS FAS	ANO		⊠ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		LLA AVENUE 2ND FLOG ABLES, FL 33134	OR			EET ADORESS -ST-ZIP	297	O Shipping) HUE	. 3313	ר		
TITLE	VD	WIDEE0, FE 00104		⊠ Delete	TITL		VP	•	- 11		Change	Addition	
NAME STREET ADDRESS	GARCIA, 285 SEVII	JESUS LLA AVENUE 2ND FLO	OR		NAM STRE	EET ADORESS	100-	COSENTINO 2 Shippine	, Ave				
CITY-ST-ZIP	CORAL G	ABLES, FL 33134				-ST-ZIP	Coce	DNUT GROVE	₽l	33133			
FITLE NAME	STD STD ARCIA, JOHN PAUL					E KE		. **		ومعرض ومعرض المعراب والم	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS - ST-ZIP		€_0 01700	905-	J## 그런데 [] [] [] [] 2-	:1-150 ())) **	831.25	
TITLE	0014120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Delete	TELL						☐ Change	Addition	
NAME STREET ADDRESS					NAM STRE	EET ADDRESS .							
CITY-ST-ZIP					CITY	-ST-ZIP		•••					
title Name				☐ Delete	TITLI NAM	_					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						ľ	
TILE				☐ Delete	TITU					<u> </u>	☐ Change	Addition	
NAME Street adoress					NAM STRE	E Et address							
CITY-ST-ZIP	****				CITY	-S1-ZIP	<u> </u>						
12. I hereby of indicated of the cor	certify that the on this report poration or the	e information supplied with it or supplemental report is ne receiver or trustee empor	this filing d true and ac wered to e	oes not qualify for courate and that recort	the exe ny signa as recui	mption sta ture shall h red by Cha	ted in Se have the s apter 617	ection 119.07(3)(i), f same legal effect as 7. Florida Statutes: a	Torida Sta s if made u and that m	tutes. I furthe under oath; the	r certify that the in lat I am an officer ars in Block 10 o	nformation or director r Block 11 if	
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: 12-9-04 491-3866													
SIGNATURE:													