

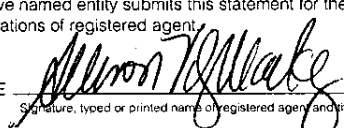
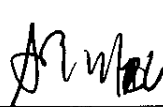
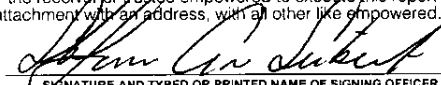


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000003928 1. Entity Name VISTA DEL MAR CONDOMINIUM ASSOCIATION OF MB, INC.						FILED 06 NOV 15 AM 10:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1971-1985 BAY DR MIAMI BEACH, FL 33141				Mailing Address 8201 BYRON AVE. APT. #207 MIAMI BEACH, FL 33141			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 35-2204884				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10092006 REIN-NP CR2E099 (11/05) 06			
6. Name and Address of Current Registered Agent REGO, MAURILIA M 1545 71ST STREET MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name SPM Group Street Address (P.O. Box Number is Not Acceptable) 2200 NW 102 Ave Ste #5 City Miami FL Zip Code 33172			
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  DATE 11/8/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLASUSO, KRISTIN 1971 BAY DR, APT. #9 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REGO, MAURILIA M 1545 - 71ST ST MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephanie Adams <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1471 Bay Drive #8 Miami Beach, FL 33141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEIBERT, STEPHANIE 1971 BAY DR. APT. #10 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081790665 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/15/06--01019--012 **236.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 an other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 11/8/06 Daytime Phone #			