2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 17 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005954

1. Entity Name
MILLENNIUM TOWER MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1435 BRICKELL AVE MIAMI, FL 33131	1435 BRICKELL AVE MIAMI, FL 33131

10052007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-3696910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOUGLAS, OLIVIA 1435 BRICKELL AVE MIAMI, FL 33131	Name Richard Baumert Street Address (P.O. Box Number is Not Acceptable) 1435 Brickell Ave City Miami FL Zip Code 33131

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 Richard Baumert 10/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2008, 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	VD GULITTI, JOE 1995 BROADWAY NEW YORK, NY 10023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Richard Baumert 1995 Broadway New York, NY 10023 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GINSBERG, MICHELLE 1995 BROADWAY NEW YORK, NY 10023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mark Berger 1995 Broadway New York, NY 10023 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WIERZEL, EDWARD 1999 BROADWAY NEW YORK, NY 10023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000110872930 10/17/07--01008--021 **236.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOUGLAS, OLIVIA 1995 BROADWAY NEW YORK, NY 10023	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, ELENA 1995 BROADWAY NEW YORK, NY 10023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESS, AMY 1995 BROADWAY NEW YORK, NY 10023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/18/07