

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 17 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052007 REIN-NP CR2E099 (1/07)

DOCUMENT # N03000005955 1. Entity Name MILLENNIUM TOWER RESIDENCES CONDOMINIUM ASSOCIATION,					
Principal Place of Business 1435 BRICKELL AVE MIAMI, FL 33131		Mailing Address 1435 BRICKELL AVE MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3696915	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLAS, OLIVIA 1435 BRICKELL AVENUE MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <u>Richard Baumert</u> Street Address (P.O. Box Number is Not Acceptable) <u>1435 Brickell Ave</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33131</u>		
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 <u>Richard Baumert</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10/9/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	PD DOUGLAS, OLIVIA 1925 BRICKELL AVE MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard Baumert 995 Broadway New York, NY 10023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELOFF, PAUL 1995 BROADWAY NEW YORK, NY 10023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400110872994 10/17/07--01008--022 **236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESS, AMY 1995 BROADWAY NEW YORK, NY 10023	<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	VD ANANIA, FRANCIS 1435 BRICKELL AVE MIAMI, FL 33131	<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	TDD LUCKEY, ASHAY 1995 BROADWAY NEW YORK, NY 10023	<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	<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 all other the empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date		Daytime Phone #

10/18/07