

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000007788

1. Entity Name
MANZANILLO CONDOMINIUM ASSOCIATION, INC.



FILED
08 JUL -8 AM 6:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
159 WEST 8 STREET APT 5
HIALEAH, FL 33010

Mailing Address
159 WEST 8 STREET APT 5
HIALEAH, FL 33010

2. Principal Place of Business - No P.O. Box # 159 W 8 street Apt 5		3. Mailing Address 1840 W 49TH Street Suite, Apt. #, etc. 726	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33010	Country USA	Zip 33012	Country USA



REINSTATEMENT 07-08
06242008 REINSTATEMENT 06242008 (1/07)

6. Name and Address of Current Registered Agent

ALEMAN, ALEXIE
159 WEST 8 STREET APT 5
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name Elisabeth Santos
Street Address (P.O. Box Number is Not Acceptable)
1840 W 49th street
Suite 726
City Hialeah FL 33012

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 [Signature] DATE 6/24/08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	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 MARTIN, ARIEL 159 WEST 8 ST APT 5 HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Arrel Martin 151 W 8 street Apt 1 Hialeah, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDINA, PEDRO 159 WEST 8 ST APT 8 HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pedro Medina 159 W 8 street Apt 10 Hialeah, FL 33010 <input checked="" 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
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 all other like empowered.

SIGNATURE: [Signature] 6/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #