

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 17 AM 8:01

<b>DOCUMENT # N04000001645</b> 1. Entity Name <b>WESTON COMMERCIAL CENTER F OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2850 GLADES CIR WESTON, FL 33327</b>			Mailing Address <b>P.O. BOX 268025 WESTON, FL 33326</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>10598 NW South River Dr.</b> Suite, Apt. #, etc.			
City & State City: <b>Miami</b> , State: <b>FL</b>		City & State City: <b>Miami</b> , State: <b>FL</b>		4. FEI Number <b>20-2305647</b>	
Zip <b>33178</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCDONOUGH, RICHARD H 1786 NW 55 AVE LAUDERHILL, FL 33313</b>				7. Name and Address of New Registered Agent Name: <b>ARTHUR LITTMANN JR.</b> Street Address (P.O. Box Number is Not Acceptable): <b>AMERICA'S PROPERTY MANAGEMENT CORP</b> <b>10598 NW. South River Dr.</b> City: <b>MIAMI</b> State: <b>FL</b> Zip Code: <b>33178</b>	
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: <span style="float: right;">12/16/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>HERNANDEZ, CAROL</b> <b>PO BOX 268025</b> <b>WESTON, FL 33326</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200139104822</b> <b>12/17/08--01037--006 **70.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>PETRINO, SERGIO</b> <b>2850 GLADES CIR F-2</b> <b>WESTON, FL 33328</b>	<input checked="" 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	
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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:			12/16/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		