

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                                          |                                                                                   |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N04000001646                                                  |  |
| 1. Entity Name<br>WESTON COMMERCIAL CENTER B OWNERS<br>ASSOCIATION, INC. |                                                                                   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 17 AM 8:01

|                                                                       |                                                        |
|-----------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business<br>2950 GLADES CIRCLE<br>WESTON, FL 33326 | Mailing Address<br>P.O. BOX 268025<br>WESTON, FL 33326 |
|-----------------------------------------------------------------------|--------------------------------------------------------|

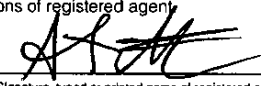


|                                                |                                                |
|------------------------------------------------|------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br>10598 NW South River Pr. |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                            |
| City & State                                   | City & State<br>Miami, Florida                 |
| Zip                                            | Zip<br>33178                                   |
| Country                                        | Country                                        |

12162008 REIN-NP CR2E099 (1/07)

|                                                                                                                                                                                                                                 |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>20-2305888                                                                                                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                            | \$8.75 Additional Fee Required                         |
| 6. Name and Address of Current Registered Agent<br>MCDONOUGH, RICHARD W<br>1786 NW 55 AVE<br>FORT LAUDERDALE, FL 33313                                                                                                          |                                                        |
| 7. Name and Address of New Registered Agent<br>Name: ARTHUR LITTMANN JR.<br>Street Address (P.O. Box Number is Not Acceptable): AMERICAS Property Management Corp<br>10598 NW. South River Dr<br>City: MIAMI FL Zip Code: 33178 |                                                        |

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.

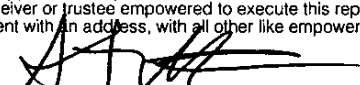
SIGNATURE:  DATE: 12/16/08

(NOTE: Registered Agent signature required when reinstating)

|                                                                           |                                                                                              |                                                      |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|
| FILE NOW!!! FEE IS \$61.25<br>After January 1, 2009, Fee will be \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to<br>Florida Department of State |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FURNARI, FRANCESCO<br>2950 GLADES CIRCLE #2<br>WESTON, FL 33327 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>300139104868<br>12/17/08--01037--007 **70.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GABALDON, RAFAEL<br>2950 GLADES CIRCLE #15<br>WESTON, FL 33327 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>PATRUNO, SERGIO<br>709 LAKE BLVD.<br>WESTON, FL 33326 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>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:  DATE: 12/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR