

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002982

FILED
Mar 29, 2007
Secretary of State

Entity Name: MIAMI RIVERVIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

400 SW 2ND ST
UNIT 204
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

9100 S. DADELAND BLVD.
STE 1607
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-2434967 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ATTORNEY CORPORATE REPORTING SERVICES, INC
9100 S. DADELAND BLVD STE 1607
MIAMI, FL 33156 US

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.

SIGNATURE: ATTORNEY CORPORATE REPORTING SERVICES, INC

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDIOLA, ANA M
Address: 400 S W 2ND STREET, UNIT 204
City-St-Zip: MIAMI, FL 33130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Delete
Name: LLAVONA, LAURA
Address: 400 S W 2ND STREET, UNIT 204
City-St-Zip: MIAMI, FL 33130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: GARCIA, LETTY
Address: 400 S W 2ND STREET, UNIT 204
City-St-Zip: MIAMI, FL 33130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA MENDIOLA

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date