2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0400003608

FILED Dec 07, 2009 Secretary of State

Entity Name: BRICKELL VISTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 900 SW 8TH STREET 500 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 900 SW 8TH STREET 500 MIAMI, FL 33131 FEI Number: 20-2173120 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: GODDARD, PATRICK 900 SW 8TH STREET #500 MIAMI, FL 33130 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: PATRICK GODDARD Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CORE. CECILIA L GODDARD, PATRICK Name: Name: 900 SW 8TH ST #1103 Address: 900 SW 8TH ST #1109 Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130 Title: Title: (X) Change () Addition () Delete GODDARD, PATRICK Name: Name: RICHARD, COBA Address: 900 SW 8TH ST #1109 Address: 900 SW 8TH ST #806 City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130 Title: () Delete Title: (X) Change () Addition KENNIS, LARRY T PEREZ, RAY Name: Name: 900 SW 8TH ST #1003 900 SW 8TH ST #1502 Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130 Title: VΡ (X) Delete Title: () Change () Addition COBA, RICHARD Name: Name: 900 SW 8TH ST #806 Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: Title: (X) Delete Title: () Change () Addition PEREZ, RAY Name: Name: 900 SW 8TH ST #1502 Address: Address: MIAMI, FL 33130 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD COBA VP 12/07/2009