


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 14 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000007272 1. Entity Name MARBELLA BY THE GROVE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2100 PONCE DE LEON BLVD SUITE 601 CORAL GABLES, FL 33134	Mailing Address C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 ST STE 203 MIAMI, FL 33175
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2. Principal Place of Business - No P.O. Box # <i>FIDELITY PROPERTY MANAGEMENT</i> Suite, Apt. #, etc. 1722 SW 84 CT	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State MIAMI FL.	City & State
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Zip 33135	Country USA.	Zip	Country
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4. FEI Number 20-1930959	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIR STE 1102 MIAMI, FL 33134

7. Name and Address of New Registered Agent Name FIDELITY PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1722 SW 84 CT. City MIAMI FL Zip Code 33135
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8. The above named entity admits 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 **12.10.07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, 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 Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Delete VINCENTE, RAMON 2575 SW 27 AVE 208 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTA MORALES 1722 SW 84 CT MIAMI FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURE. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAMON VICENTE 1722 SW 84 CT MIAMI FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200113191233 12/17/07-01037-001 **\$61.25
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"/> 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]* DATE **12.10.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

in Attached DEC 14 2007