2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009307

Entity Name: ICE 2 CONDOMINIUM ASSOCIATION, INC.

FILED Sep 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

546 NE 31 STREET 1101 BRICKELL AVENUE MIAMI, FL 33137

SUITE 1900 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

546 NE 31 STREET 1101 BRICKELL AVENUE

MIAMI, FL 33137 SUITE 1900 MIAMI, FL 33131

FEI Number: 20-3506953 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:

REGISTERED AGENTS OF FLORIDA LLC CORPORATION SERVICE COMPANY 1201 HAYS STREET 100 SE 2ND STREET SUITE 2900

TALLAHASSEE, FL 32301 MIAMI, FL 331312130 US 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: DEBORAH D. SKIPPER 09/22/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

OUAKNINE, YAN OUAKNINE. YAN Name: Name:

1101 BRICKELL AVENUE, SUITE 1602 Address: 1101 BRICKELL AVENUE, SUITE 1900 Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: () Delete Title: (X) Change () Addition WEINTRAUB, SHLOMO Name: Name: WEINTRAUB, SHLOMO

Address: 1101 BRICKELL AVENUE, SUITE 1602 Address: 1101 BRICKELL AVENUE, SUITE 1900

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: STD () Delete Title: STD (X) Change () Addition SHAMIR, SHAI Name: SHAMIR, SHAI Name:

1101 BRICKELL AVENUE, SUITE 1602 1101 BRICKELL AVENUE, SUITE 1900 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

VΡ SIGNATURE: SHLOMO WEINTRAUB 09/22/2005