2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009588

FILED Mar 31, 2007 Secretary of State

Entity Name: 1875 NAPOLI LUXURY CONDOMINIUM ASSOCIATION INC.

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

2601 SOUTH BAYSHORE DRIVE STE 200 396 ALHAMBRA CIRCLE, #230 MIAMI, FL 33133 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

2601 SOUTH BAYSHORE DRIVE STE 200 396 ALHAMBRA CIRCLE, #230 MIAMI, FL 33133 CORAL GABLES, FL 33134

FEI Number: 20-1760091 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:

SHEAR, DAVID FIELDSTONE LESTER SHEAR DONBERG LLP 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134 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: DAVID SHEAR

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: PD (X) Change () Addition

Name: MARTINEZ, ALFRED Name: RICHARD, REED

 Address:
 2601 SOUTH BAYSHORE DRIVE STE 200
 Address:
 396 ALHAMBRA CIRCLE, #230

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 CORAL GABLES, FL 33134

Title: DVS () Delete Title: TR (X) Change () Addition

Name: ESTRADA, JENNIFER Name: PAOLO, FERRARI

Address: 2601 SOUTH BAYSHORE DRIVE STE 200 Address: 396 ALHAMBRA CIRCLE, #230 City-St-Zip: MIAMI, FL 33133 City-St-Zip: CORAL GABLES, FL 33134

Title: DT (X) Delete Title: () Change () Addition

 Name:
 CACHINERO, MICHELLE
 Name:

 Address:
 2601 SOUTH BAYSHORE DRIVE STE 200
 Address:

 City-St-Zip:
 MIAMI, FL 33133
 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: RICHARD REED PD 03/31/2007