


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000004035		
1. Entity Name GIFFORD PLACE CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 3081 GIFFORD LN MIAMI, FL 33133	Mailing Address 3081 GIFFORD LN MIAMI, FL 33133
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2. Principal Place of Business - No P.O. Box # 3093 Gifford Lane	3. Mailing Address 3093 Gifford Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33133	Zip 33133
Country USA	Country USA

10132008 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent GUSSIN, GRANT 3081 GIFFORD LANE COCONUT GROVE, FL 33133	
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7. Name and Address of New Registered Agent Name <u>Jeremy Elman</u> Street Address (P.O. Box Number is Not Acceptable) <u>3067 Gifford Lane</u> City <u>Miami</u> FL Zip Code <u>33133</u>	
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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <u>[Signature]</u> <u>Jeremy Elman</u>	DATE <u>10/27/08</u>	(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUSSIN, GRANT 3081 GIFFORD LN MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Adam Weirich 3093 Gifford Lane Miami, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHMULIAN, BRETT 3081 GIFFORD LN MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300137735583</u> <u>11/07/08--01008--002 **\$1.25</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, YVETTE 3069 GIFFORD LN. MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jeremy Elman 3067 Gifford Lane Miami, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORSEKANSKY, GABRIEL 3083 GIFFORD LN MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORZECANSKI, GABRIEL → LAST NAME CORRECTION ONLY <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <u>[Signature]</u> <u>Gabriel Porzecanski</u>	DATE <u>10/30/08</u> (305) <u>3613240</u>

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT