## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000004135

FILED Oct 26, 2009 Secretary of State

Entity Nam	1e: EAST BREEZE CONDOMINIUM INCORPORATE	ED	
Current Principal Place of Business:		New Principal Place of Business:	
	ID AVENUE		
7 MIAMI BEA	CH, FL 33139 US		
Current Mailing Address:		New Mailing Address:	
1234 EUCLID AVENUE		1234 EUCLID AVENUE	
1 MIAMI BEA	CH, FL 33139 US	7 MIAMI BEACH, FL 33139	US
FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Certificate of Status Desired ( )
	Address of Current Registered Agent:	Name and Address of N	ew Registered Agent:
VARNER, DAN 1234 EUCLID AVENUE		VARNER, DAN 951 BRICKELL AVE	
1 MIAMI BEACH, FL 33137 US		903 MIAMI, FL 33131 US	
The above in the State	named entity submits this statement for the purpose o of Florida.	f changing its registered of	fice or registered agent, or both,
SIGNATURE: DANIEL VARNER		10/26/2009	
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete VARNER, DAN 1234 EUCLID AVENUE APT 1 MIAMI BEACH, FL 33139 US	Title: P (X) Name: VARNER, DAN Address: 951 BRICKELL City-St-Zip: MIAMI, FL 3313	
Title: Name: Address: City-St-Zip:	VP () Delete MACHADO, JOSE A 1234 EUCLID AVENUE APT 11 MIAMI BEACH, FL 33139 US	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition
Title: Name: Address: City-St-Zip:	ST () Delete MONTANO, GLICE 1234 EUCLID AVENUE APT 7 MIAMI BEACH, FL 33139 US	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition

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: DANIEL VARNER PRES 10/26/2009