2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010437

City-St-Zip:

FORT LAUDERDALE, FL 33355

Oct 27, 2009 Secretary of State

Entity Name: DEERFIELD PARK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 12401 ORANGE DRIVE 912 SW 4TH STREET FORT LAUDERDALE, FL 33312 SUITE 210 **DAVIE, FL 33330 New Mailing Address: Current Mailing Address:** P.O. BOX 550549 P.O. BOX 810 FORT LAUDERDALE, FL 33302 FORT LAUDERDALE, FL 33355 FEI Number: 20-5948453 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 IOTA ENTERPRISES, INC. 100 SOUTHEAST SECOND STREET 912 SW 4TH STREET **SUITE 2900** FORT LAUDERDALE, FL 33312 US MIAMI, FL 331312130 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: HEATHER C. LEFKA 10/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BAST, RANDALL P Name: Name: P.O. BOX 550549 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33355 City-St-Zip: Title: VD () Delete Title: () Change () Addition CHANEY, CONNIE Name: Name: Address: P.O. BOX 550549 Address: FORT LAUDERDALE, FL 33355 City-St-Zip: City-St-Zip: Title: STD () Delete Title: () Change () Addition LEFKA, JAY Name: Name: Address: P.O. BOX 550549 Address:

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.

City-St-Zip:

SIGNATURE: JAY M. LEFKA **TRES** 10/27/2009