2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N05000010591 1. Entity Name ORANGE DRIVE PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC. 97 OCT 23 AMII: 27 Principal Place of Business Mailing Address 6101 GARDEN COURT 6101 GARDEN COURT **DAVIE. FL 33314 DAVIE, FL 33314** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5595 Orange 595 Orange Suite, Apt. #, etc. 09262007 REIN-NP CR2E099 (1/07) 202 202 4. FEI Number 20-4713355 Applied For Davie, Davie Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAPIRO, STEVEN 6101 GARDEN COURT O. Box Number is Not Acceptable) Orange **DAVIE, FL 33314** Baric 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 DATE FILE NOWIII FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D Delete TITLE Change Addition TITLE SHAPIRO, SAMUEL NAME NAME Dr # 202 6101 GARDEN COURT STREET ADDRESS STREET ADDRESS **DAVIE, FL 33314** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE SHAPIRO, STEVEN NAME NAME 6101 GARDEN COURT STREET ADDRESS STREET ADDRESS 5595 Orange Dr. CITY-ST-ZiP CITY-ST-ZIP **DAVIE, FL 33314** DAVIC D Delete TITLE ☐ Change ☐ Addition TITLE carlos Ochoa SHAPIRO, ARLENE NAME NAME 6101 GARDEN COURT STREET ADDRESS 5595 orange STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVIE, FL 33314** Delete TITLE TITLE ☐ Addition SHAPIRO, DANIEL NAME NAME STREET ADDRESS 6101 GARDEN COURT STREET ADDRESS DAVIE, FL 33314 CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.