2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # N05000012249 1. Entity Name 09 FEB -2 AM 10: 47 360 MARINA ASSOCIATION, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 730 N.W. 107 AVENUE 730 N.W. 107 AVENUE FOURTH FLOOR FOURTH FLOOR MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 20-3932094 Applied For Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Association Law Group, P LENNAR DEVELOPERS INC. Street Address (P.O. Box Number is Not Acceptable) 730 NW 107TH AVE., 4TH-FL ukle Kennedy (austrai MIAMI, FL 33172 àuile 305 North-BayVillage F Zip Code 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 printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$236.25 Make check payable to After January 1, 2009, Fee will be \$297.50 Florida Départment of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete Change Addition TITLE TITLE MARIA HERRERO RODRIGUEZ, ANGEL NAME NAME 730 NW 107 Ave 3erd Floor Miami Fl 33172 STREET ADDRESS 730 NW 10TH AVE. 4TH FL STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE Teresa BALUJA 730 NW 107 AVE 3 erd Floor Miami FL 33172 HEWERA, MARIA C NAME NAME 730 N.W. 107 AVENUE, FOURTH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIE STD Addition TITLE ☐ Delete TITLE NAME MIGUEL AVILA HOLLAND, RACHEL NAME 73,0 NW 107 AVE 340d Floor 730 N.W. 107 AVENUE, FOURTH FLOOR STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIE 33172 TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 600139483306 /05/09-01051-022 **236 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME 600139483306 STREET ADDRESS STREET ADDRESS 02/02/09--01015--005 **61.25 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other tike empowered. SIGNATURE: E OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #