

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N06000000725</b> 1. Entity Name ALTON SOUTH CONDOMINIUM ASSOCIATION, INC.		 <b>FILED</b> SECRETARY OF STATE DIVISION OF CORPORATIONS <i>10/22/07 AM 11:38</i> <b>REINSTATEMENT</b>	
Principal Place of Business 3905 ALTON RD MIAMI, FL 33140 6350 PINETREE DR. MIAMI BEACH, FL 33141		Mailing Address 3905 ALTON RD MIAMI, FL 33140 6350 PINETREE DR. MIAMI BEACH, FL 33141	
2. Principal Place of Business - No P.O. Box # 6350 Pinetree Dr.		3. Mailing Address 6350 Pinetree Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip FL 33141		Zip 33141	
Country USA		Country USA	
4. FEI Number 20-4173252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		10222007 REIN-NP CR2E099 (1/07)	
6. Name and Address of Current Registered Agent <del>BROWN, GARY L</del> <del>4000 HOLLYWOOD BLVD SUITE 265 S</del> <del>HOLLYWOOD, FL 33021</del>		7. Name and Address of New Registered Agent Name <b>PAUL BUECHELE</b> Street Address (P.O. Box Number is Not Acceptable) 6350 Pinetree Drive City <b>MIAMI BEACH</b> <b>FL</b> Zip Code <b>33141</b>	
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 <b>PAUL BUECHELE</b> <span style="float: right;">10/22/07</span> <small>Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>		300111360223 10/25/07--01046--002 **\$61.25	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GONGEE, FAROUK 3905 ALTON RD MIAMI, FL 33140	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUECHELE, CEYDA 3905 ALTON RD MIAMI, FL 33140	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DS</del> <del>JUSTO, DIANE</del> <del>3905 ALTON RD</del> <del>MIAMI, FL 33140</del>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<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:		10/22/07 305-535-4167	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	