



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000002643 1. Entity Name WASHINGTON POINTE CONDOMINIUM ASSOCIATION, INC.				FILED 08 AUG 18 PM 1:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 324 WASHINGTON AVENUE MIAMI BEACH, FL 33139		Mailing Address % ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DR. SUITE 700 COCONUT GROVE, FL 33133		 REINSTATEMENT 07-08 07/31/08	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7446 SW 48 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33155	Country USA	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE SUITE 700 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name: MARIA Perez Vilar Street Address (P.O. Box Number is Not Acceptable): 7446 SW 48 ST City: MIA FL 33 FL Zip Code: 33155			
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: <i>Maria Perez Vilar</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 7/31/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D DENNIS, JOHN 324 WASHINGTON AVENUE - UNIT E MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700134141007 08/08/08--0000--000 **297.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D MCKNIGHT, PETER 324 WASHINGTON AVENUE - UNIT D MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900134552839 08/18/08--01055--002 **297.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FANNING, GABRIELLA 324 WASHINGTON AVENUE - UNIT D MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DYLAN ONELL, TA 19 HARVARD ROAD SHOREHAM, NY 11786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VILAR, MARIA PEREZ 7446 SW 48TH STREET MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>John Dennis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 7/31/08 DAYTIME PHONE: 305-726-6642		