2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005400

FILED Jan 08, 2008 Secretary of State

Entity Name: THE CARLYLE ON 75TH STREET CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 7510 CARLYLE AVENUE MIAMI BEACH, FL 33141 **Current Mailing Address: New Mailing Address:** 7510 CARLYLE AVENUE 7145 COLLINS AVENUE MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 FEI Number: 20-4933991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: MELAND RUSSIN & BUDWICK, P.A CHEHEBAR, ABRAHAM MNG MBR 200 SOUTH BISCAYNE BLVD SUITE 3000 7145 COLLINS AVENUE US MIAMI, FL 33131 US MIAMI BEACH, FL 33141 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: ABRAHAM CHEHEBAR 01/08/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CHEHEBAR, ABRAHAM Name: Name: 7145 COLLINS AVENUE Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SCHMUTTER, STEVEN Name: Address: 7145 COLLINS AVENUE Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: Title: DST (X) Delete Title: () Change () Addition GIRALDO, ANA MARIA Name: Name: Address: 7145 COLLINS AVENUE Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip:

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.

SIGNATURE: ABRAHAM CHEHEBAR MNG 01/08/2008