2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005694

FILED Nov 15, 2007 Secretary of State

Entity Name: HOLLYWOOD BREEZES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

370 MINORCA AVE., STE. ONE 2450 HOLLYWOOD BOULEVARD

CORAL GABLES, FL 331344311 101

HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

370 MINORCA AVE., STE. ONE 2450 HOLLYWOOD BOULEVARD

CORAL GABLES, FL 331344311 HOLLYWOOD, FL 33020

FEI Number: 20-5729275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

THOMSON, JOHN M. ESQ BOSIO, GIULLIANA 370 MINORCA AVE., STE. ONE 2450 HOLLYWOOD BOULEVARD

CORAL GABLES, FL 331344311 US HOLLYWOOD, FL 33020 US

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: GIULIANA BOSIO 11/15/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DST (X) Change () Addition () Delete

ANGLADE, CARLOTA BOSIO, GIULIANA Name: Name:

Address: 10958 NW 62 TERR Address: 2450 HOLLYWOOD BOULEVARD SUITE 101 DORAL, FL 33178 HOLLYWOOD, FL 33020

City-St-Zip: City-St-Zip:

Title: (X) Delete Title: () Change () Addition

THOMSON, JOHN M. Name: Name: Address: 370 MINORCA AVE., STE, ONE Address: City-St-Zip: CORAL GABLES, FL 331344311 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: GIULIANA BOSIO DP 11/15/2007