


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 11 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N06000006007					
1. Entity Name ARBORWOOD VILLAGE COMMERCIAL PROPERTY ASSOCIATION, INC.					
Principal Place of Business 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126-4677			Mailing Address 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126-4677		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2621438	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STOSIK, VICTOR L 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126-4677				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Victor L. Stosik</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10/5/2007</u>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$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	OD VASSILAROS, ELIAS 703 WATERFORD WAY, SUITE 800 MIAMI, FL 331264677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800110688898 10/11/07--01047--013 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROGERS, CHARLES F 703 WATERFORD WAY, SUITE 800 MIAMI, FL 331264677	<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	SVD STOSIK, VICTOR L 703 WATERFORD WAY, SUITE 800 MIAMI, FL 331264677	<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
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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: <u>Victor L. Stosik</u>			Date <u>10/5/2007</u> Daytime Phone # <u>303-261-4330</u>		

10/12/07