

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


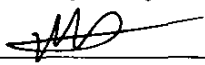

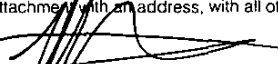
FILED

2008 MAY 19 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282008 REIN-NP CR2E099 (1/07)

DOCUMENT # N06000009021			
1. Entity Name MADEIRA II AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 123 N.W. 13 STREET BOCA RATON, FL 33432		Mailing Address 123 N.W. 13 STREET BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 300 Aragon Avenue		3. Mailing Address 300 Aragon Avenue	
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country	Zip 33134	Country
6. Name and Address of Current Registered Agent JEFFREY R. MARGOLIS, P.A. 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Mercedes Suarez Street Address (P.O. Box Number is Not Acceptable) 8637 Sterling Road City Cooper City, FL Zip Code 33128	
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 		DATE 5/2/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	DP SUAREZ, MERCEDES 123 N.W. 13 STREET, SUITE 300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mercedes Suarez 8637 Sterling Road Cooper City, FL 33128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS IGLESIAS, TOM 123 N.W. 13 STREET, SUITE 300 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Paul Hillhouse 8637 Sterling Road Cooper City, FL 33128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ENGELSTEIN, HARRY 123 N.W. 13 STREET, SUITE 300 BOCA RATON, FL 33432 <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
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.		REINSTATEMENT 07-08 	
SIGNATURE: 		Date 5/2/08 (305) 463-7900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	