

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000011248			<p>FILED</p> <p>07 OCT 18 PM 1:32</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
1. Entity Name MERITAGE CONDOMINIUM ASSOCIATION, INC.		<i>[Handwritten Signature]</i>	
Principal Place of Business 3326 MARY STREET SUITE 603 MIAMI, FL 33133		Mailing Address 3326 MARY STREET SUITE 603 MIAMI, FL 33133	
2. Principal Place of Business - No P.O. Box # 1680 MICHIGAN AVE		3. Mailing Address C/O RHODES MANAGEMENT	
Suite, Apt. #, etc. STE. 1016		Suite, Apt. #, etc. 7609 DAVIS RD Ext.	
City & State MIAMI BEACH FL		City & State Hollywood FL	
Zip 33139	Country USA	Zip 33024	Country USA
6. Name and Address of Current Registered Agent KRINZMAN, ALAN E 3326 MARY STREET SUITE 603 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name: ERNEST SANTALICES Street Address (P.O. Box Number is Not Acceptable): C/O RHODES MANAGEMENT 7609 DAVIS RD Ext. City: Hollywood FL FL Zip Code: 33024	
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>[Handwritten Signature]</i>		DATE: OCT 5, 2007	
Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	PD LAZO, ALBERT 3326 MARY STREET SUITE 603 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZO, ALBERT 1680 MICHIGAN AV STE 1016 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAVARRO, CARLOS M 3326 MARY STREET SUITE 603 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAVARRO, CARLOS M. 1680 MICHIGAN AV STE 1016 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NARANJO, EDUARDO 3326 MARY STREET SUITE 603 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NARANJO, EDUARDO 1680 MICHIGAN AV STE 1016 MIAMI BEACH FL 33139 <input checked="" 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: x Albert Lazo		Date: 10/8/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

REINSTATEMENT 2007

10052007 REIN-10052007 (1/07)

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