

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000011248 1. Entity Name MERITAGE CONDOMINIUM ASSOCIATION, INC.						FILED 07 OCT 18 PM 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 Suite, Apt. #, etc. STE. 1016 City & State MIAMI BEACH FL Zip 33139 Country USA				3. Mailing Address C/O RHODES MANAGEMENT Suite, Apt. #, etc. 7609 DAVID RD Ext. City & State Hollywood FL Zip 33024 Country USA			
4. FEI Number				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 DAVID RD Ext. City Hollywood 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>[Signature]</i> Oct 5, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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 PD NAME LAZO, ALBERT STREET ADDRESS 3326 MARY STREET SUITE 603 CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete			TITLE PD NAME LAZO, ALBERT STREET ADDRESS 1680 MICHIGAN AV STE 1016 CITY-ST-ZIP MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME NAVARRO, CARLOS M STREET ADDRESS 3326 MARY STREET SUITE 603 CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete			TITLE VD NAME NAVARRO, CARLOS M. STREET ADDRESS 1680 MICHIGAN AV STE 1016 CITY-ST-ZIP MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD NAME NARANJO, EDUARDO STREET ADDRESS 3326 MARY STREET SUITE 603 CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete			TITLE STD NAME NARANJO, EDUARDO STREET ADDRESS 1680 MICHIGAN AV STE 1016 CITY-ST-ZIP MIAMI BEACH FL 33139	<input checked="" 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.				SIGNATURE: x Albert Lazo 10/8/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			