2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000000986

FILED Nov 18, 2009 Secretary of State

Entity Name: BISCAYNE CENTER 129 CONDOMINIUM ASSOCIATION, INC.

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

18851 NE 29TH AVE STE 900 12955 BISCAYNE BLVD AVENTURA, FL 33180 NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

18851 NE 29TH AVE STE 900 18851 NE 29TH AVE
AVENTURA, FL 33180 SUITE 402
AVENTURA. FL 33180

FEI Number: 20-8430731 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 Current Registered Agent: Name and Address of New Registered Agent:

ROTH, LEONARDO

18851 NE 29TH AVE STE 900

AVENTURA, FL 33180 US

BENLOLO, JUDAH

18851 NE 29TH AVE

SUITE 402

AVENTURA, FL 33180 US

AVENTURA, FL 33180 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: BENLOLO, JUDAH 11/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: () Change () Addition

 Name:
 ROTH, LEONARDO
 Name:

 Address:
 18851 NE 29TH AVE STE 900
 Address:

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:

Title: VSD () Delete Title: VSD (X) Change () Addition Name: BENDAYAN, JUDAH B Name: BENLOLO, JUDAH

Address: 18851 NE 29TH AVE STE 900 Address: 18851 NE 29TH AVE STE 402
City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

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

 Name:
 KAUFMAN, RÜBEN
 Name:
 KAUFMAN, RÜBEN

 Address:
 18851 NE 29TH AVE STE 900
 Address:
 18851 NE 29TH AVE STE 402

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 AVENTURA, FL 33180

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: BENLOLO, JUDAH VSD 11/18/2009