2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000003355

FILED Nov 25, 2008 Secretary of State

Entity Name: STIRRUP/GIBSON PLAZA RESIDENT COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business: 3150 MUNDY STREET #206 COCONUT GROVE, FL 33133 **Current Mailing Address: New Mailing Address:** 3150 MUNDY STREET #206 COCONUT GROVE, FL 33133 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: GERALD, SHIRLEY 3150 MUNDY STREET #206 COCONUT GROVE, FL 33133 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: SHIRLEY GERALD Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GERALD, SHIRLEY Name: Name: 3150 MUNDY STREET #206 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition FERNANDEZ, CARMEN Name: Name: Address: 3160 MUNDY STREET #311 Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition MARTIN, ANA Name: Name: 3160 MUNDY STREET #213 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition Name: REYES, JUAN Name: 3150 MUNDY STREET #201 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition GONZALEZ, ASUNCION Name: Name: 3150 MUNDY STREET #401 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip:

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: SHIRLEY GERALD PRES 11/25/2008