

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009441

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** VILLAS AT 33RD AVENUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

999 BRICKELL AVE., STE. 500  
MIAMI, FL 33131

**New Principal Place of Business:**

1000 BRICKELL AVE., STE. 1005  
MIAMI, FL 33131

**Current Mailing Address:**

999 BRICKELL AVE., STE. 500  
MIAMI, FL 33131

**New Mailing Address:**

1000 BRICKELL AVE., STE. 1005  
MIAMI, FL 33131

FEI Number: 26-3977362      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:**

ARRICK, BRUCE A. ESQ.  
9130 S. DADELAND BLVD., STE. 1500  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC  
2731 EXECUTIVE PARK DRIVE  
STE 4  
WESTON, FL 33331 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: NRAI SERVICES, INC

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: SLODARZ, MONICA  
Address: 1000 BRICKELL AVENUE, SUITE 1005  
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete  
Name: STEWART, CARRIE  
Address: 2766 S.W. 33RD AVENUE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MONICA SLODARZ

VP

01/06/2009

Electronic Signature of Signing Officer or Director

Date