2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000002672

FILED Oct 21, 2009 Secretary of State

Entity Name: LAS VILLAS DE SEGOVIA CONDOMINIUM ASSOCIATION, INC.

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

2850 DOUGLAS ROAD STE 400 7855 NW 12TH STREET CORAL GABLES, FL 33134

SUITE 105 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

2850 DOUGLAS ROAD STE 400 7855 NW 12TH STREET

CORAL GABLES, FL 33134 SUITE 105 MIAMI, FL 33126

FFI Number: FEI Number Applied For (X) 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:

HERNANDEZ, HECTOR ESQ HECTOR HERNANDEZ & ASSOCIATES, P.A.

2850 DOUGLÁS ROAD STE 400 7855 NW 12 STREET SUITE 105 CORAL GABLES, FL 33134 MIAMI, FL 33126 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: HECTOR HERNANDEZ 10/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BOLUFE, RAUL BOLUFE, RAUL Name: Name: 2850 DOUGLAS ROAD STE 400 Address: 7855 NW 12 STREET SUITE 105 Address:

MIAMI, FL 33126 CORAL GABLES, FL 33134

City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete HERNANDEZ, HECTOR ESQ Name: Name: RODRIGUEZ, CARLOS

Address: 2850 DOUGLAS ROAD STE 400 Address: 7855 NW 12TH STREET SUITE 105

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33126

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

HERNANDEZ, ALEIDO Name: RUBALCABAL, LUIS M Name: 2850 DOUGLAS ROAD STE 400 7855 NW 12TH STREET SUITE 105 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33126

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: RAUL BOLUFE D 10/21/2009