## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # N15600  1. Entity Name PATIO GRANDE II TOWNHOMES CONDOMINIUM ASSOCIATION INC.   |   |   |                                 |   |                        |                      |  | _                                   | SECRETAR<br>VISION OF C<br>7 AUG 20 | openay.        | TIGNS                       |             |  |
|--|---|---|---------------------------------|---|------------------------|----------------------|--|-------------------------------------|-------------------------------------|----------------|-----------------------------|-------------|--|
| Principal Place<br>13358 SW 1<br>MIAMI, FL 3   | 28 STREET   | s s   | 1335                            | Maiting Address<br>13358 SW 128 STREET<br>MIAMI, FL 33186 |                        |                      |  | 07/25/                              |                                     |                |                             |             |  |
| 2. Principal F   | Place of Busin  | ness - No P.O. Box #                                  | 3. Maili                        | 3. Mailing Address  |                        |                      |  |                                     |                                     |                |                             |             |  |
| Suite, Apt. #, etc.  |   |   | Sui                             | te, Apt. #, etc.  |                        |                      | 07132007 <sub>F</sub>                              | REIN-NP                             | CR2E                                | 099 (1/07)     |                             |             |  |
| City & State   |   |   | City                            | City & State  |                        |                      | 4. FEI Number 59-2674951                           |                                     |                                     | <del></del>    | oplied For<br>of Applicable |             |  |
| Zip  | p Country   |   | Zip                             | Zip   |                        | Country              |  | 5. Certificate of                   | Status Desired                      |                | \$8.75 Add<br>Fee Require   |             |  |
|  |   | and Address of Curre                                  | nt Registere                    | Registered Agent  |                        |                      | 7. Name and Address of New Registered Agent Name   |                                     |                                     |                |                             |             |  |
| PADNOW<br>13358 SW<br>MIAMI, FL  | 128 STRI  |   |                                 |   |                        |                      | Street Address (P.O. Box Number is Not Acceptable) |                                     |                                     |                |                             |             |  |
| ·  | •   |   |                                 |   |                        |                      | FL Zip Code  |                                     |                                     |                |                             |             |  |
| 8. The above the obligation  | 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 HOLDEN HAMA BIOLIS (Property Houses) 5-10-017  DATE  SIGNATURE HOLDEN (NOTE: Registered Agent eigneture required when reinstating)  DATE   |   |   |                                 |   |                        |                      |  |                                     |                                     |                |                             |             |  |
| FILE NOW!!! FEE IS \$297.50  Make check payable to Florida Department of State   |   |   |                                 |   |                        |                      |  |                                     |                                     |                |                             |             |  |
| 10.  | P   | OFFICERS AND I  | DIRECTORS                       | Delete T  | 11.                    | TATAT                | A.C.   | DDITIONS/CHAN                       | IGES TO OFFICE                      | RS AND DI      |                             |             |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | GARCIA,   | 09 AVE #6   |                                 | LJ Delete   | 1                      | ET ADDRESS<br>ST-ZIP | ) I F  |                                     | 06 -                                | 07             | ☐ Change                    | ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | V<br>REYNA, E   | BONICHE A<br>09 AVE #1101                             |                                 | A Delete  | TITLE<br>NAM!<br>STRE  | E                    |  | nio Quint                           |                                     |                | ∑ Change                    | Addition    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | A, GENARO<br>09 AVE #1<br>_ 33172                     |                                 | ☐ Delete  |                        |                      | <u>rii.w.</u>                                      |                                     |                                     | _              | ☐ Change                    | Addition    |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |   | MARGARITA<br>09 AVE #2<br>. 33172                     |                                 | ☐ Delete  |                        |                      |  |                                     |                                     |                | ☐ Change                    | Addition .  |  |
| TITLE NAME STREET ADDRESS CITY+SI-ZIP  |   |   |                                 | ☐ Delete  |                        | ET ADDRESS           | 570 I  | r Luis<br>NW 109 AV<br>i, Fl. 33    |                                     |                | ☐ Change                    | Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |                                 | ☐ Delete  |                        | ET ADORESS           |  | nny M. Pa<br>NW 109 AV<br>i, Fl. 33 | Æ. #2                               |                | ☐ Change                    | Addition    |  |
| 12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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. |   |   |                                 |   |                        |                      |  |                                     |                                     |                |                             |             |  |
| indicated<br>of the cor  | on this repor<br>poration or th   | t or supplemental report<br>ne receiver or trustee em | t is true and a<br>powered to e | ccurate and that recure this report                       | ny signat<br>as requir | ure shall hav        | ve the sa<br>ter 617, l                            | ime legal effect a                  | s if made under                     | oath; that I a | am an officer               | or director |  |

305-968-5980