

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16358

FILED
Oct 29, 2007
Secretary of State

Entity Name: LAS BRISAS TOWNHOUSE APARTMENTS CONDOMINIUM #IV ASSOCIATION, INC.

Current Principal Place of Business:

900 W. 49 ST., STE. 220
HIALEAH, FL 33012 US

New Principal Place of Business:

900 W. 49 ST.
220
HIALEAH, FL 33012 US

Current Mailing Address:

900 W. 49 ST., STE. 220
HIALEAH, FL 33012 US

New Mailing Address:

900 W. 49 ST.
220
HIALEAH, FL 33012 US

FEI Number: 59-2849736 **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:

DELATORRE, CLEMENTE J
900 W. 49 ST., STE. 220
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

DELATORRE, CLEMENTE J
900 W. 49 ST.
220
HIALEAH, FL 33012 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: CLEMENTE J. DELATORRE

10/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, GLORIA
Address: 900 W. 49 ST. STE. 200
City-St-Zip: HIALEAH, FL 33012

Title: VPD () Delete
Name: CLORALES, ARNALDO
Address: 900 W. 49 ST. STE. 200
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: CRUZ, ALVARO
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GLORIA PEREZ

PD

10/29/2007

Electronic Signature of Signing Officer or Director

Date