2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31553

1. Entity Name
NATALIE SUITES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2307 W 60 STREET 107 HIALEAH, FL 33016 US	2307 WEST 60 STREET 107 HIALEAH, FL 33016

REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	7600 W 20 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 217
City & State	City & State Hialeah FL
Zip / Country	Zip / Country 3346 / Dade

4. FEI Number
65-0241410
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIORENZANO, ROSA M 2307 WEST 60 STREET 107 HIALEAH, FL 33016	Name: Terra Association Mngt. Street Address (P.O. Box Number is Not Acceptable): 7600 W 20 Ave Suite City: Hialeah FL Zip Code: 3346

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 _____ 1/1/09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2009, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIORENZANO, ROSA M 2307 WEST 60 STREET UNIT 107 HIALEAH, FL 33016	☐ Delete	PD Fiorenzano Rosa 7600 W 20 Ave #217	☒ Change ☐ Addition 400140445944 01/13/09--01006--021 **236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LLOPIZ, CARLOS 2325 WEST 60 STREET UNIT 107 HIALEAH, FL 33016	☐ Delete	VPD Llopiz, Carlos 7600 W 20 Ave suite 217 Hialeah, FL 33016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S MORAGA, ALINA 2301 WEST 60 STREET UNIT 107 HIALEAH, FL 33016	☒ Delete	TS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Delete		☐ Change ☐ Addition 400140445944 03/12/09--01029--010 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RH	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: _____ 305 305 26-1664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #