


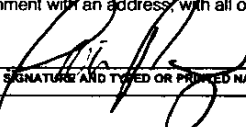


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N32951</b> 1. Entity Name <b>ELAN AT CALUSA CONDOMINIUM XVI ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MIAMI MANAGEMENT 14275 SW 124ND AVE MIAMI, FL 33186 US</b>				Mailing Address <b>C/O MIAMI MANAGEMENT 14275 SW 142ND AVE MIAMI, FL 33186 US</b>	
2. Principal Place of Business - No P.O. Box # <b>T &amp; G Management</b> Suite, Apt. #, etc. <b>521</b> <b>18001 Old Cutler Rd</b> City & State <b>Palmetto Bay FL</b> Zip <b>33157</b> Country <b>Dade</b>		3. Mailing Address <b>T &amp; G Management</b> Suite, Apt. #, etc. <b>521</b> <b>18001 Old Cutler Rd</b> City & State <b>Palmetto Bay FL</b> Zip <b>33157</b> Country <b>Dade</b>		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>08 MAR -4 AM 10:07</b> <b>B2/6/w</b> <b>REINSTATEMENT</b> 	
4. FEI Number <b>65-0180726</b>		Applied For <input type="checkbox"/> Not Applicable		01212008 REIN-NP CR2E099 (1/07) <b>07-08</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>TRAIY, CARLOS</b> <b>3750 NW 87TH AVE</b> <b>SUITE 100</b> <b>DORAL, FL 33178</b>	
7. Name and Address of New Registered Agent Name <b>G/GISford Dade</b> Street Address (P.O. Box Number is Not Acceptable) <b>12928 SW 133 Ct Suite A</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33187</b>				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  DATE <b>3/26/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CANCIO-ZELLO, GUILGRMO</b> <b>14275 SW 142 AVE</b> <b>MIAMI, FL 33186</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>EVIS Perez</b> <b>13006 SW 88 terr N.</b> <b>Miami, FL 33186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CATHIE CARR</b> <b>14275 SW 142 AVE.</b> <b>MIAMI, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>Gladys Linero</b> <b>13012 SW 88 terr North</b> <b>Miami, FL 33186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LINERO, GLADYS</b> <b>13012 SW 88 TERR N</b> <b>MIAMI, FL</b> <input checked="" type="checkbox"/> Delete		400117826314 02/12/08--01015--007 \$122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE <b>3/26/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					