2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000003340

1. Entity Name
GRACE VILLAS II CONDOMINIUM ASSOCIATION, INC.

FILED
08 DEC 18 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business	Mailing Address
~~7953 NW 53 ST~~ ~~MIAMI, FL 33166 US~~	Grace Villas II Condo P. O. Box 440911 Miami, Fl 33144

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8172 NW 10 Street	8172 NW 10 Street
Suite, Apt. #, etc.: Apt. #6	Suite, Apt. #, etc.: APT. #6
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. FEI Number: 65-0568537 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~CAMEO, MARIA A~~
~~M.A.C. MANAGEMENT, INC~~ NO MORE
~~7500 NW 25TH STREET #246~~
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name: ORLANDO GOMEZ.
ORLANDO GOMEZ - TREASURER
Street address (P.O. Box not acceptable): 8172 NW 10 Street, APT #6
City: MIAMI, FLa. FL Zip Code: 33126

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: ORLANDO GOMEZ TREASURER. BOARD of DIRECTORS DATE: 12-03-08
Signature required or printed name of signee and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS ~~$61.25~~
After January 1, 2009, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	P BELTRAN, MARIO J 8164 NW 10TH ST #7 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900138686349 12/08/08--01043--003 **70.00
TITLE / NAME ✓ / STREET ADDRESS / CITY-ST-ZIP	T GOMEZ, ORLANDO 8172 NW 10TH STREET #6 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900138686349 12/18/08--01031--001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~BOLTRAN, MARIO~~ ~~8164 NW 10TH ST #7~~ ~~MIAMI, FL 33126~~	~~☒ Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12/18
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROMERO, DONIA L 8168 NW 10TH ST #7 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: ORLANDO GOMEZ - ORLANDO GOMEZ-TREASURER, 12/3/08, 305-267-4903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MBeltran - MARIO J. BELTRAN, 12/03/08 3052670536
PRESIDENT