

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 12, 2005  
Secretary of State**

DOCUMENT# N94000000085

Entity Name: POINT LAKE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 831235  
MIAMI, FL 33283 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 831235  
MIAMI, FL 33283 US

**New Mailing Address:**

FEI Number: 65-0458589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIAI, CARLOS  
10570 NW 27TH ST  
SUITE 113  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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: CARLOS TRIAY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TSD ( ) Delete  
Name: VILA, MARIA  
Address: 15390 SW 76TH TRAIL  
City-St-Zip: MIAMI, FL 33193

Title: PD ( ) Delete  
Name: FERNANDEZ, ANTONIO  
Address: 15355 SW 76TH TR #102  
City-St-Zip: MIAMI, FL 33193

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: OCAMPO, RODRIGO  
Address: 7611 SW 153 CT # 204  
City-St-Zip: MIAMI, FL 33193

Title: VP (X) Change ( ) Addition  
Name: VILA, MARIA  
Address: 15390 SW 76TH TR #102  
City-St-Zip: MIAMI, FL 33193

Title: S ( ) Change (X) Addition  
Name: MOLINE, JOSE  
Address: 15315 SW 76 TERR # 202  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RODRIGO OCAMPO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/12/2005

\_\_\_\_\_  
Date