

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000001465

FILED
Apr 26, 2010
Secretary of State

Entity Name: LONGWOOD HOUSE CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

11685 CANAL DRIVE
N. MIAMI, FL 33181

New Principal Place of Business:

11685 CANAL DRIVE,#210
N. MIAMI, FL 33181

Current Mailing Address:

2131 NW 139TH STREET
UNIT 21
OPA LOCKA, FL 33054

New Mailing Address:

11685 CANAL DRIVE,#210
N. MIAMI, FL 33181

FEI Number: 59-1453404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASTOR MANAGEMENT SERVICES INC.
2131 NW 139TH STREET
UNIT 21
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

USA MANAGEMENT
2771 TREASURE COVE CIRCLE
FORT LAUDERDALE, FL 33312 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: PAUL SHAPIRO

04/26/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: VILLALI, CARLOS
Address: 11685 CANAL DR., 210
City-St-Zip: NO. MIAMI, FL 33181

Title: VPD
Name: ZIPPER, MITCHELL
Address: 11685 CANAL DR. #208
City-St-Zip: NO. MIAMI, FL 33181

Title: D
Name: MARCUS, ENID
Address: 11685 CANAL DR 408
City-St-Zip: NO. MIAMI, FL 33181

Title: TD
Name: DEFINO, ANTHONY
Address: 11685 CANAL DR., 202
City-St-Zip: NO. MIAMI, FL 33181

Title: D/S
Name: HERNANDEZ, PAUL
Address: 11685 CANAL DRIVE, 402
City-St-Zip: NO. MIAMI, FL 33181

I hereby 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 all other like empowered.

SIGNATURE: CARLOS VILLALI

P

04/26/2010

Electronic Signature of Signing Officer or Director

Date