

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

08 JUN -5 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-6-08 PD



REINSTATEMENT 07-08

DOCUMENT # N94000001685 1. Entity Name MARILYN'S CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2921 SW 10TH STREET 50 MIAMI, FL 33135 US			Mailing Address 2921 SW 10TH STREET 50 MIAMI, FL 33135 US		
2. Principal Place of Business - No P.O. Box # 5979 NW 151 ST.		3. Mailing Address P.O. Box 160718			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. 			
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL			
Zip 33014		Country U.S.		Zip 33016	
Country U.S.		4. FEI Number 65-0599607			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LUIS, JORGELINA V. 2921 SW 10 ST. APT. #45 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name Florida's Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 5979 NW 151 ST. Suite 101 City MIAMI LAKES FL Zip Code 33014		
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		SIGNATURE Jose Colon		DATE 5/29/08	
(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$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	DP RIOS, MARVIN 7884 SW. 36 ST. MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300131091673 06/10/08--01008--005 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PI, MARGARITA 823 SANTIAGO ST. CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUIS, JORGELINA V 2921 SW 10 ST. APT. #45 MIAMI, FL 33135		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	
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					