2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000004225

FILED Nov 24, 2008 Secretary of State

Entity Name: POLO PARK APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4140 NORTH MERIDIAN AVENUE 4140 NORTH MERIDIAN AVENUE STE 3 MIAMI BEACH, FL 33140 US

MIAMI BEACH, FL 33140 US

Current Mailing Address: New Mailing Address:

P.O. BOX 190901

MIAMI BEACH, FL 33119 US

FEI Number: 65-0523247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

CRUZ, ALFREDO PRES C/O LE SOLEIL MANAGEMENT, LLC 66 WEST FLAGLER STREET #1002 MIAMI, FL 33130 US WASSERMAN, SETH PRES C/O LE SOLEIL MANAGEMENT, LLC 66 WEST FLAGLER STREET #1002 MIAMI, FL 33130 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: SETH WASSERMAN 11/24/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CRUZ, ALFREDO Name: WASSERMAN, SETH

 Name:
 CRUZ, ALFREDO
 Name:
 WASSERMAN, SETH

 Address:
 P.O. BOX 190901
 Address:
 P.O. BOX 190901

 City-St-Zip:
 MIAMI BEACH, FL 33119
 City-St-Zip:
 MIAMI BEACH, FL 33119

Title: VP () Delete Title: VP (X) Change () Addition Name: FERNANDEZ, CHAD Name: WASSERMAN, ETHAN

Address: P.O. BOX 190901 Address: P.O. BOX 190901 City-St-Zip: MIAMI BEACH, FL 33119 City-St-Zip: MIAMI BEACH, FL 33119

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 WASSERMAN, SETH
 Name:
 SCHWARTZ, SHOSHANA

 Address:
 P.O. BOX 190901
 Address:
 P.O. BOX 190901

 City-St-Zip:
 MIAMI BEACH, FL 33119
 City-St-Zip:
 MIAMI BEACH, FL 33119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SETH WASSERMAN PRES 11/24/2008