

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 29 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |   |   |   |                                 |  |
|--|---|---|---|---------------------------------|--|
| <b>DOCUMENT # N97000000166</b><br>1. Entity Name<br>LITTLE HAVANA TOWNHOME ASSOCIATION, INC.   |   |   |   |                                 |  |
| Principal Place of Business<br>1045 SW 2ND ST.<br>MIAMI, FL 33130  |   |   | Mailing Address<br>1045 SW 2ND ST.<br>MIAMI, FL 33130   |                                 |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |                                 |  |
| 4. FEI Number<br>65-0726715  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   | \$8.75 Additional Fee Required  |                                 |  |
| 6. Name and Address of Current Registered Agent<br>MIRANDA, JUANA<br>1045 SW 2ND ST.<br>MIAMI, FL 33130  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |                                 |  |
| 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 <i>JUANA MIRANDA</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   | <i>Juana Miranda</i><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   | 12/15/06<br><small>DATE</small> |  |
| <b>FILE NOW!!! FEE IS \$236.25</b><br><b>After January 1, 2007, Fee will be \$297.50</b>   |   |   | Make check payable to<br>Florida Department of State  |                                 |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>MAGALIS, GONZALEZ<br>1049 SW 2ND ST.<br>MIAMI, FL 33130 | <input type="checkbox"/> Delete   |   |                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>PEREZ, RAFAEL<br>1047 SW 2ND ST.<br>MIAMI, FL 33130     | <input type="checkbox"/> Delete   |   |                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MIRANDA, JUANA<br>1045 SW 2ND ST.<br>MIAMI, FL 33130    | <input type="checkbox"/> Delete   |   |                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                               |   |   |                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                               |   |   |                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                               |   |   |                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                               |   |   |                                 |  |
| 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: <i>Juana Miranda</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>          |                                 |  |
| 12/15/06<br><small>Date</small>  |   |   | Daytime Phone #   |                                 |  |

jc 01/02