

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000002039

FILED  
Nov 01, 2010  
Secretary of State

**Entity Name:** NEW WORLD CONDOMINIUM APARTMENTS II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2131 NW 139ST  
SUITE 21  
OPA-LOCKA, FL 33054 US

**New Principal Place of Business:**

18301 NW 2ND COURT  
MIAMI, FL 33169 US

**Current Mailing Address:**

2131 NW 139ST  
SUITE 21  
OPA-LOCKA, FL 33054 US

**New Mailing Address:**

18301 NW 2ND COURT  
MIAMI, FL 33169 US

**FEI Number:** 65-0757962

**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  
MIAMI, FL 33054 US

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

ASTOR MANAGEMENT SERVICES INC  
18301 NW 2ND COURT  
MIAMI, FL 33169 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: CHRISTOPHER CAMPBELL

11/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, ALVIN  
Address: 301 NW 177 STREET #203  
City-St-Zip: MIAMI, FL 33169

Title: VP  
Name: ROBINSON, CONGRIVE  
Address: 301 NW 177 STREET #140  
City-St-Zip: MIAMI, FL 33169

Title: S  
Name: OBONEY, MARLENE  
Address: 301 NW 177 STREET #126/127  
City-St-Zip: MIAMI, FL 33169

Title: TD  
Name: DUNCOMBE, BONEVIA  
Address: 301 NW 177 STREET #102  
City-St-Zip: MIAMI, FL 33169

Title: D  
Name: PEREZ, JORGE  
Address: 301 NW 177TH STREET, 145  
City-St-Zip: MIAMI, FL 33169

Title: BD  
Name: ANTHONY, BUSH  
Address: 301 NW 177TH STREET, 128/ 129  
City-St-Zip: MIAMI, FL 33169

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: ALVIN WILLIAMS

PD

11/01/2010

Electronic Signature of Signing Officer or Director

Date