

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                        |                                                                                                                                                                                         |                                                                                                        |  |
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| <b>DOCUMENT # N97000004996</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                        |                                                                                                                                                                                         | <b>FILED</b><br><b>07 NOV -8 PM 4:00</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                 |  |
| <b>1. Entity Name</b><br>CROWNGATE POINT CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | <b>Principal Place of Business</b><br>501 E 24 ST<br>205<br>HIALEAH, FL 33013 US                                       |                                                                                                                                                                                         |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>501 E 24 ST<br>Suite, Apt. #, etc.<br>205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | <b>3. Mailing Address</b><br>Crown Gate Point Condo<br>Suite, Apt. #, etc.<br>501 E 24 ST #205<br>HIALEAH, FL 33013 US |                                                                                                                                                                                         |                                                                                                        |  |
| <b>City &amp; State</b><br>Hialeah FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | <b>City &amp; State</b><br>Hialeah FL                                                                                  |                                                                                                                                                                                         | <b>4. FEI Number</b><br>65-0812672                                                                     |  |
| <b>Zip</b><br>33013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | <b>Country</b><br>US                                                                                                   |                                                                                                                                                                                         | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>MUNIZ, MARILIN<br>501 E 24 ST<br>#204<br>HIALEAH, FL 33013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                        | <b>7. Name and Address of New Registered Agent</b><br>Name: ADA M. Prieto<br>Street Address (P.O. Box Number is Not Acceptable)<br>501 E 24 ST #101<br>City: Hialeah FL Zip Code: 33013 |                                                                                                        |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                        |                                                                                                                                                                                         |                                                                                                        |  |
| <b>SIGNATURE</b> <u>Muniz Marilyn</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | <b>DATE</b> <u>10-15-07</u>                                                                                            |                                                                                                                                                                                         |                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$236.25</b><br><b>After January 1, 2008, Fee will be \$297.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | <u>Ada M Prieto</u>                                                                                                    |                                                                                                                                                                                         | <b>Make check payable to</b><br><b>Florida Department of State</b>                                     |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                            |                                                                                                        |  |
| <b>TITLE</b><br>VPST<br><b>NAME</b><br>GONZALEZ, MILAGROS<br><b>STREET ADDRESS</b><br>501 E 24ST 204<br><b>CITY-ST-ZIP</b><br>HIALEAH, FL 33013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete |                                                                                                                        | <b>TITLE</b><br>PD<br><b>NAME</b><br>Ada M Prieto<br><b>STREET ADDRESS</b><br>501 E 24 ST #101<br><b>CITY-ST-ZIP</b><br>Hia FL 33013                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>PRIETO, ADA<br><b>STREET ADDRESS</b><br>501 E 24ST 201<br><b>CITY-ST-ZIP</b><br>HIALEAH, FL 33013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                        | <b>TITLE</b><br>VPST<br><b>NAME</b><br>Milagros Gonzalez<br><b>STREET ADDRESS</b><br>501 E 24 ST #204<br><b>CITY-ST-ZIP</b><br>Hia FL 33013                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>MUNIZ, MARILIN<br><b>STREET ADDRESS</b><br>501 E 24 ST #201<br><b>CITY-ST-ZIP</b><br>HIALEAH, FL 33013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete |                                                                                                                        | <b>TITLE</b><br>D<br><b>NAME</b><br>Antonio Prieto<br><b>STREET ADDRESS</b><br>501 E 24 ST #101<br><b>CITY-ST-ZIP</b><br>Hia FL 33013                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete |                                                                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete |                                                                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete |                                                                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |                                 |                                                                                                                        |                                                                                                                                                                                         |                                                                                                        |  |
| <b>SIGNATURE:</b> <u>MARILYN MUNIZ</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | <b>DATE</b> <u>10-15-07</u>                                                                                            |                                                                                                                                                                                         |                                                                                                        |  |