2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000001618

FILED Nov 20, 2007 Secretary of State

Entity Name: OCEAN POINT BEACH CLUB MAINTENANCE ASSOCIATION, INC.

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

17375 COLLINS AVE SUNNY ISLE BEACH, FL 33160

Current Mailing Address: New Mailing Address:

17375 COLLINS AVE SUNNY ISLE BEACH, FL 33160

FEI Number: 65-1013966 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:

BOYKIN ENTERPRISES, LLC/KEVIN MOLBY 17375 COLLINS AVE SUNNY ISLES BEACH, FL 33160

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: BILL GILBERT

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

GILBERT, WILLIAM Name: Name: 17375 COLLINS AVE Address: Address: City-St-Zip: SUNNT ISLES BEACH, FL 33160 City-St-Zip:

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

Name: MOLLOY, KEVIN Name: RACHEK, SUSAN Address: 17375 COLLINS AVE Address: 17375 COLLINS AVE City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: SUNNY ISLES, FL 33160

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

SALCEDO, OCTAVIO Name: HERRERA, FRANK Name: 17375 COLLINS AVE Address: 17375 COLLINS AVE Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: SUNNY ISLES, FL 33160

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: SUSAN RACHEK MR 11/20/2007