2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005145

Entity Name: CADIZ II CONDOMINIUM ASSOCIATION, INC.

FILED Mar 29, 2007 Secretary of State

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

6278 WEST 22ND COURT 9415 SUNSET DRIVE HIALEAH, FL

SUITE # 149

MIAMI, FL 33173

Current Mailing Address: New Mailing Address:

9415 SUNSET DRIVE 9360 SUNSET DR

STE 252 SUITE # 149 MIAMI, FL 33173 US

MIAMI, FL 33173 US

FEI Number: 65-0871503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NORMAN T. ROBERTS MELONI, EDOARDO 50 WEST MASHTA DRIVE, SUITE 4 900 S.W. 40TH AVENUE KEY BISCAYNE, FL 33149 MIAMI, FL 33317

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: EDOARDO MELONI 03/29/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

TOYENS, ROBERTO RAMOS, LINO E Name: Name: 9360 SUNSET DRIVE, STE252 Address: 9415 SUNSET DRIVE SUITE # 149 Address:

City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

Title: PD () Delete Title: (X) Change () Addition PICON, CARLOS

Name: Name: AMADOR, JUAN Address: 9360 SUNSET DR. STE 252 Address: 9415 SUNSET DRIVE STE. # 149

City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

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

LOPEZ, TERESA Name: TOYENS, ROBERTO Name: 2828 CORAL WAY STE 435 9415 SUNSET DRIVE SUITE # 149 Address:

Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33173

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

MARTINEZ, MERCEDES Name: Name: 9360 SUNSET DR, STE 252 Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: LINO RAMOS 03/29/2007