

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000058877

FILED  
Nov 04, 2008  
Secretary of State

Entity Name: AVENTURA FINANCE CORP.

## Current Principal Place of Business:

12550 BISCAYNE BLVD  
401  
N MIAMI, FL 33181

## New Principal Place of Business:

17900 N BAY RD  
502  
SUNNY ISLES, FL 33160

## Current Mailing Address:

17900 N BAY RD  
502  
SUNNY ISLES, FL 33180

## New Mailing Address:

17900 N BAY RD  
502  
SUNNY ISLES, FL 33160

FEI Number: 65-1117468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERMUDEZ, DORIAN O  
17900 N. BAY RD.  
502  
N. MIAMI BEACH, FL 33160 US

## Name and Address of New Registered Agent:

BERMUDEZ, DORIAN O  
17900 N. BAY RD.  
502  
SUNNY ISLES, FL 33160 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: DORIAN BERMUDEZ

11/04/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BERMUDEZ, DORIAN  
Address: 17900 N. BAY ROAD, APT 502  
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP (X) Delete  
Name: RUSSELL, LEILA R  
Address: 2771 OAK PARK CR  
City-St-Zip: DAVIE, FL 33321

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIAN BERMUDEZ

P

11/04/2008

Electronic Signature of Signing Officer or Director

Date