

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000165657

**FILED**  
**Sep 26, 2007**  
**Secretary of State**

**Entity Name:** THE IVY 706 1004 CORP.

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.  
SUITE 600  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2600 DOUGLAS ROAD  
SUITE 1100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2100 PONCE DE LEON BLVD.  
SUITE 600  
CORAL GABLES, FL 33134

**New Mailing Address:**

2600 DOUGLAS ROAD  
SUITE 1100  
CORAL GABLES, FL 33134

**FEI Number:** 20-1979674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GURIAN, JORGE  
2100 PONCE DE LEON BLVD.  
SUITE 600  
CORAL GABLES, FL 33134 US

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

GURIAN, JORGE  
2600 DOUGLAS ROAD  
SUITE 1100  
CORAL GABLES, FL 33134 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: JORGE GURIAN

09/26/2007

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: D ( ) Delete  
Name: HIM, JUAN  
Address: 2100 PONCE DE LEON BLVD SUITE 600  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HIM, JUAN  
Address: 2600 DOUGLAS ROAD SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

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: JUAN HIM

D

09/26/2007

Electronic Signature of Signing Officer or Director

Date