

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000044744

Entity Name: 900 BISCAYNE BAY 2605, INC.

FILED
Oct 07, 2009
Secretary of State

Current Principal Place of Business:

% 1000 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131

New Principal Place of Business:

2655 LEJEUNE ROAD
SUITE PH 2B
CORAL GABLES, FL 33134

Current Mailing Address:

% 1000 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131

New Mailing Address:

2655 LEJEUNE ROAD
SUITE PH 2B
CORAL GABLES, FL 33134

FEI Number: 41-1769180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1000 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DAVIN, JOSE M
2655 LEJEUNE ROAD
PH 2B
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: JOSE M DAVIN

10/07/2009

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: PSTD () Delete
Name: DAVIN, JOSE M
Address: % 1000 BRICKELL AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: DAVIN, FRANCO
Address: % 1000 BRICKELL AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: DAVIN, JOSE M
Address: 2655 LEJEUNE ROAD, SUITE PH 2B
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: DAVIN, FRANCO
Address: 2655 LEJEUNE ROAD, SUITE PH 2B
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: JOSE M DAVIN

PSTD

10/07/2009

Electronic Signature of Signing Officer or Director

Date