

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000130348

FILED
Nov 30, 2006
Secretary of State

Entity Name: REFLECTIONS ON THE MIAMI RIVER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1110 BRICKELL AVE SUITE 804
MIAMI, FL 33131

New Principal Place of Business:

3211 PONCE DE LEON 301
CORAL GABLES, FL 33134

Current Mailing Address:

1110 BRICKELL AVE SUITE 804
MIAMI, FL 33131

New Mailing Address:

3211 PONCE DE LEON 301
CORAL GABLES, FL 33134

FEI Number: 20-5817430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, THOMAS J
1401 BRICKELL AVE SUITE 825
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BARKER, REX M
3211 PONCE DE LEON 301
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: REX M BARKER

11/30/2006

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: MILTON, JOSPEH
Address: 3211 PONCE DE LEON 301
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Change (X) Addition
Name: GIL, YOSI
Address: 3211 PONCE DE LEON 301
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Change (X) Addition
Name: BARKER, REX M
Address: 3211 PONCE DE LEON 301
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Change (X) Addition
Name: RAMBERG, DOUGLAS
Address: 3211 PONCE DE LEON
City-St-Zip: CORAL GABLES, FL 33134

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

SIGNATURE: JOSEPH MILTON

PD

11/30/2006

Electronic Signature of Signing Officer or Director

Date