2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000075243

Entity Name: HABITAT 5C CORP.

FILED Mar 16, 2009 Secretary of State

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

2600 DOUGLAS ROAD, SUITE 1100 2665 S BAYSHORE DRIVE CORAL GABLES, FL 33134

906

COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

2600 DOUGLAS ROAD, SUITE 1100 2665 S BAYSHORE DRIVE CORAL GABLES, FL 33134

906

COCONUT GROVE, FL 33133

FEI Number: 26-0447645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GURIAN, JORGE GURIAN, JORGE 2600 DOUGLAS ROAD, SUITE 1100 2665 S BAYSHORE DRIVE

CORAL GABLES, FL 33134

COCONUT GROVE, FL 33133 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 03/16/2009

> 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition VALENCIA, FRANCISCO VALENCIA, FRANCISCO Name: Name: 2600 DOUGLAS ROAD, SUITE 1100 2665 S BAYSHORE DRIVE, #906 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: COCONUT GROVE, FL 33133

DS DS Title: (X) Change () Addition Title: () Delete Name: LOPEZ. BEATRIZ Name: LOPEZ. BEATRIZ

2600 DOUGLAS ROAD, SUITE 1100 2665 S BAYSHORE DRIVE, #906 Address: Address: CORAL GABLES, FL 33134 COCONUT GROVE, FL 33133 City-St-Zip: City-St-Zip:

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

DAVILLA, PAULA DAVILLA, PAULA Name: Name: 2600 DOUGLAS ROAD, SUITE 1100 2665 S BAYSHORE DRIVE, #906 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: COCONUT GROVE, FL 33133

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: FRANCISCO VALENCIA DP 03/16/2009