2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 06, 2007
Secretary of State

DOCUMENT# P93000032625

Entity Name: GMN AFFORDABLE HOUSING PARTNER IX, INC.

Current Principal Place of Business:

300 NW 12TH AVE
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

300 NW 12TH AVE
MIAMI, FL 33128

New Mailing Address:

FEI Number: 65-0476565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAR, TORANO, SAL
300 NW 12TH AVE
MIAMI, FL 33128 US

Name and Address of New Registered Agent:

DOMINGUEZ, E
300 NW 12TH AVE
MIAMI, FL 33128 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: E. DOMINGUEZ 12/06/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SIBLEY, RUSSELL
Address: 300 NW 12TH AVE
City-St-Zip: MIAMI, FL 33128

Title: DVT ( ) Delete
Name: MARTORANO, SAL
Address: 300 NW 12TH AVE.
City-St-Zip: MIAMI, FL 33128

Title: PD (X) Delete
Name: DOMINGUEZ, AGUSTIN
Address: 300 NW 12TH AVE
City-St-Zip: MIAMI, FL 33128

Title: DV (X) Delete
Name: REVALES, RON
Address: 300 NW 12TH AVE
City-St-Zip: MIAMI, FL 33128

Title: DS (X) Delete
Name: RODRIGUEZ, KATHLEEN
Address: 300 NW 12TH AVE
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SIBLEY, R A
Address: 300 NW 12TH AVE
City-St-Zip: MIAMI, FL 33128

Title: VSD (X) Change ( ) Addition
Name: DOMINGUEZ, E
Address: 300 NW 12TH AVE.
City-St-Zip: MIAMI, FL 33128

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

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: R.A. SIBLEY P 12/06/2007
Electronic Signature of Signing Officer or Director Date