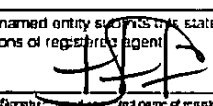
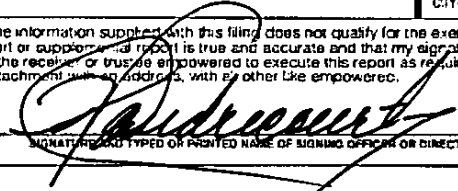


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 AUG -4 AM 10:40

SECRET  
TALLAHASSEE, FLORIDA  
04-08

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                            |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # P97000091613                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                           |                                                                              |
| 1. Entity Name<br>W.I. UNIT 2604 CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                            |                                                                              |
| Principal Place of Business<br>C/O 2420 FIRST UNION FINANCIAL CENTER<br>200 SOUTH BISCAYNE BOULEVARD<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | Mailing Address<br>200 SOUTH BISCAYNE BOULEVARD<br>3000<br>MIAMI, FL 33131                                                                                                                                                 |                                                                              |
| 2. Principal Place of Business<br>1500 San Remo Avenue<br>Suite, Apt. #, etc.<br>125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | 3. Mailing Address<br>1500 San Remo Avenue<br>Suite, Apt. #, etc.<br>125                                                                                                                                                   |                                                                              |
| City & State<br>Coral Gables, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | City & State<br>Coral Gables, FL                                                                                                                                                                                           |                                                                              |
| Zip<br>33146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country<br>USA                             | Zip<br>33146                                                                                                                                                                                                               | Country<br>USA                                                               |
| 4. FEI Number<br>65-0800569                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | Applied For<br>Not Applicable                                                                                                                                                                                              |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | \$8.75 Additional Fee Required                                                                                                                                                                                             |                                                                              |
| 6. Name and Address of Current Registered Agent<br>MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.<br>200 S BISCAYNE BLVD<br>3000 WACHOVIA FINANCIAL CENTER<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | 7. Name and Address of New Registered Agent<br>Name<br>Atrium Registered Agents, Inc.<br>Street Address (P.O. Box Number is Not Acceptable)<br>1500 San Remo Avenue Suite 125<br>City<br>Coral Gables FL Zip Code<br>33146 |                                                                              |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                                                                                                                                                            |                                                                              |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | Jose Nunez, VP                                                                                                                                                                                                             |                                                                              |
| Signature of registered agent and fee if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | NOTE: Registered Agent signature required when reinstating                                                                                                                                                                 |                                                                              |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                                                                                                                                                            |                                                                              |
| FILE NOW!!! FEE IS \$900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                                                                                                                                                            |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                      |                                                                              |
| TITLE<br>PSC<br>NAME<br>MORENO, GINA VALLE<br>STREET ADDRESS<br>2600 ISLAND BOULEVARD, #2604<br>CITY-ST-ZIP<br>AVENTURA, FL 33160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Delete | TITLE<br>P/D<br>NAME<br>Vaudrecourt, Teresa<br>STREET ADDRESS<br>1500 San Remo Avenue Suite 125<br>CITY-ST-ZIP<br>Coral Gables, FL 33146                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>VP<br>NAME<br>MELAND, MARK S<br>STREET ADDRESS<br>200 SOUTH BISCAYNE BLVD., SUITE 2420<br>CITY-ST-ZIP<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied in a report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered. |                                            |                                                                                                                                                                                                                            |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | Date                                                                                                                                                                                                                       |                                                                              |
| SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | Date (Type Month, Day, Year)                                                                                                                                                                                               |                                                                              |