2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 AUG -4 AM 10:40

SEC. OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

DOCUMENT # P97000091613

1. Entity Name
W.I. UNIT 2604 CORPORATION

Principal Place of Business	Mailing Address
C/O 2420 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131	200 SOUTH BISCAYNE BOULEVARD 3000 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
1500 San Remo Avenue	1500 San REmo Avenue
Suite, Apt. #, etc.: 125	Suite, Apt. #, etc.: 125
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

05152005 REIN-P CR2E098 (6/04)

4. FEI Number: 65-0800569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELAND, RUSSIN, HELLINGER & BUDWICK, P.A. 200 S BISCAYNE BLVD 3000 WACHOVIA FINANCIAL CENTER MIAMI, FL 33131	Name: Atrium Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue Suite 125 City: Coral Gables FL Zip Code: 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 required if name of registered agent and title 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSC MORENO, GINA VALLE 2600 ISLAND BOULEVARD, #2604 AVENTURA, FL 33160	☒ Delete	P/D Vaudrecourt, TeresA 1500 San Remo Avenue Suite 125 Coral Gables, FL 33146	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MELAND, MARK S 200 SOUTH BISCAYNE BLVD., SUITE 2420 MIAMI, FL 33131	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	200058631782 08/16/05--01006--004 **900.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 supplemental 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 all other like empowered.

SIGNATURE: Vaudrecourt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #