2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 AUG -4 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037400

1. Entity Name
W. I. UNIT 2605 CORPORATION

Principal Place of Business	Mailing Address
2600 ISLAND BLVD. WILLIAMS ISLAND UNIT 2605 MIAMI, FL 33160	200 S. BISCAYNE BLVD. SUITE 3000 MIAMI, FL 33131 US

2. Principal Place of Business	3. Mailing Address
1500 San Remo Ave.	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

07152005 REIN-P CR2E098 (6/04)

4. FEI Number: 52-2174012 ☐ 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
MELLAND RUSSIN HELLINGER & BUDWICK, P.A. 3000 WACHOVIA FINANCIAL CENTER 200 S. BISCAYNE BLVD. 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, name or printed 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	PD MORENA, GINA VALLE 200 S. BISCAYNE BLVD., STE. 2420 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition P/D Vaudrecourt, Teresa 1500 San Remo Ave, Suite 125 Coral Gables, FL 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MELANO, MARK S 200 SOUTH BISCAYNE BLVD STE 2420 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800058631808 08/16/05--01006--005 **900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #