

**2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000003883

**Entity Name:** MBCDC: CRESPI PARK APARTMENTS, INC.

**FILED**  
**Oct 17, 2019**  
**Secretary of State**  
**5209528603CR**

**Current Principal Place of Business:**

C/O MIAMI BEACH CDC  
945 PENNSYLVANIA AVENUE 2ND FLOOR  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O MIAMI BEACH CDC  
945 PENNSYLVANIA AVENUE 2ND FLOOR  
MIAMI BEACH, FL 33139 US

**FEI Number: 31-1655567**

**Certificate of Status Desired: No**

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

KAUFMAN ROSSIN & CO.  
2699 S. BAYSHORE DR.  
SUITE 300  
MIAMI, 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: ALEJANDRA BENIQUEZ**

**10/17/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           WITROCK, JASON  
Address        C/O MIAMI BEACH CDC  
                  945 PENNSYLVANIA AVENUE 2ND  
                  FLOOR  
City-State-Zip: MIAMI BEACH FL 33139

Title           CHAIR  
Name           MATTEO-SALINAS, MONICA  
Address        C/O MIAMI BEACH CDC  
                  945 PENNSYLVANIA AVENUE 2ND  
                  FLOOR  
City-State-Zip: MIAMI BEACH FL 33139

Title           EXECUTIVE DIRECTOR  
Name           MARTIN, AHMED A.  
Address        C/O MIAMI BEACH CDC  
                  945 PENNSYLVANIA AVENUE 2ND  
                  FLOOR  
City-State-Zip: MIAMI BEACH FL 33139

Title           VICE CHAIR  
Name           FELDMAN, JEFF  
Address        C/O MIAMI BEACH CDC  
                  945 PENNSYLVANIA AVENUE 2ND  
                  FLOOR  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: AHMED A. MARTIN**

**EXECUTIVE DIRECTOR**

**10/17/2019**

Electronic Signature of Signing Officer/Director Detail

Date