

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 21 PM 2:42

**REINSTATEMENT** *05*



10132005 REIN-NP CR2E099 (6/04)

4. FEI Number **59-2438928** 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**

BAKALAR, BROUGH & CHADROW PA  
150 S PINE ISLAND RD SUITE 540  
PLANTATION, FL 33324

Bakalar & Eichner, P.A.  
Westside Corporate Center  
150 South Pine Island Road, Suite 540  
Plantation, Fl 33324

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

*10/18/2005*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2006, Fee will be \$297.50**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P**  Delete  
NAME RITCHIE, JEREMIAH  
STREET ADDRESS 2651 NW 62ND TERR.  
CITY-ST-ZIP SUNRISE, FL 33313

Change  Addition  
700060855607  
10/21/05--01030--022 \*\*236.25

TITLE **V**  Delete  
NAME CHEN, WINSTON  
STREET ADDRESS 2690 NW 62ND TERR  
CITY-ST-ZIP SUNRISE, FL 33313

Change  Addition

TITLE **S**  Delete  
NAME IRIGOYEN, CARLOS  
STREET ADDRESS 2611 NW 26TH TERR  
CITY-ST-ZIP SUNRISE, FL 33313

Change  Addition

TITLE **BM**  Delete  
NAME JACKSON, ROOSEVELT JR  
STREET ADDRESS 6240 NW 26TH COURT  
CITY-ST-ZIP SUNRISE, FL 33313

Change  Addition

TITLE **BM**  Delete  
NAME STEADMAN, CARLEEN  
STREET ADDRESS 2671 NW 62ND TERR.  
CITY-ST-ZIP SUNRISE, FL 33313

Change  Addition

TITLE  Delete  
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 617, 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

*10/18/05*

Date

Daytime Phone #

*954-475-4244*