

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2007
Secretary of State

DOCUMENT# N01000007209

Entity Name: COMMUNITY BUILDERS AND CAPITAL DEVELOPMENT, INC.

Current Principal Place of Business:

5979 NW 151 STREET
200
MIAMI LAKES, FL 33014

New Principal Place of Business:

13250 NW 28TH AVENUE
OPA LOCKA, FL 33054

Current Mailing Address:

5979 NW 151 STREET
200
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-2245397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JACKSON, BARBARA C
5979 NW 151 STREET
200
MIAMI LAKES, FL 33014 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: BARBARA C JACKSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, HAROLD
Address: 5979 NW 151 STREET, STE 200C
City-St-Zip: MIAMI LAKES, FL 33014

Title: D (X) Change () Addition
Name: SMITH, HAROLD
Address: 5979 NW 151 STREET, STE 200C
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD () Delete
Name: JACKSON, BARBARA C
Address: 5979 NW 151 STREET, STE 200C
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: ALI, SAFIYYAH D
Address: 5979 NW 151 STREET, STE 200C
City-St-Zip: MIAMI LAKES, FL 33014

Title: DP (X) Change () Addition
Name: ALI, HANAN
Address: 5979 NW 151 STREET, STE 200C
City-St-Zip: MIAMI LAKES, FL 33014

Title: D (X) Delete
Name: WILLIAMS, SAUDIA
Address: 5979 NW 151 STREET, STE 200C
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: MILTON, TANYA D
Address: 13097 SW 54 COURT
City-St-Zip: MIRAMAR, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA C JACKSON

TD

10/15/2007

Electronic Signature of Signing Officer or Director

Date