

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001448		
1. Entity Name BROWARD CENTER FOR HUMAN SERVICES, INC.		

FILED
06 AUG 25 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6130 MIRAMAR PKWY MIRAMAR, FL 33023	Mailing Address 6130 MIRAMAR PKWY MIRAMAR, FL 33023
---	---



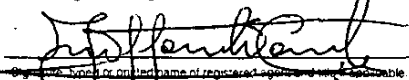
08232006 REIN-NP CR2E099 (11/05) 05-06

2. Principal Place of Business 17900 NW 19th Street Suite, Apt. #, etc.		3. Mailing Address 17900 NW 19th Street Suite, Apt. #, etc.	
City & State Pembroke Pines		City & State Pembroke Pines	
Zip 33029	Country U.S.	Zip 33029	Country U.S.

4. FEI Number 04-3634674	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

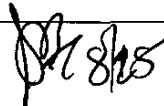
6. Name and Address of Current Registered Agent AB CONSULTING AND ACCOUNTING SERVICES 6237 MIRAMAR PARKWAY MIRAMAR, FL 33023		7. Name and Address of New Registered Agent Name J.C. Cantave, Inc. Street Address (P.O. Box Number is Not Acceptable) 1970 NW 180th Street City Miami Gardens FL Zip Code 33056	
---	--	---	--

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.

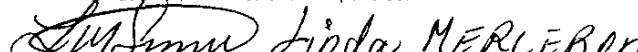
SIGNATURE  DATE 8-23-2006
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCERON, LINDA 3805 E. WOODSCAPE DR. MIRAMAR, FL 33023 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Merceron, Linda 17900 NW 19th Street Pembroke Pines FL 33029 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JEAN, EDNER PO BOX 640001 NORTH MIAMI, FL 331640001 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100079534651 09/07/06--01008--005 **306.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMEON, FRITZ PO BOX 5135 WEST HOLLYWOOD, FL 33083 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Simeon, Fritz P.O. Box 5138 West Hollywood FL 33083 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monereau, Marie nicole 8365 NE 2nd Avenue Miami Florida 33138 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000079537060 09/07/06--01008--005 **306.25 ☐ 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 exemptions contained 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 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:  8-23-2006 954-652-8056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #