2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 03, 2010
Secretary of State

DOCUMENT# N08000005016

Entity Name: DOVS OF BROWARD COUNTY, INC.

Current Principal Place of Business:

4800 N. STATE ROAD 7
SUITE F-102
LAUDERDALE LAKES, FL 33309

New Principal Place of Business:

10000 NW 29 STREET
CORAL SPRINGS, FL 33065

Current Mailing Address:

4800 N. STATE ROAD 7
SUITE F-102
LAUDERDALE LAKES, FL 33309

New Mailing Address:

PO BOX 935103
MARGATE, FL 33093

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARREN, ANNE
4800 N. STATE ROAD 7
SUITE F-102
LAUDERDALE LAKES, FL 33309 US

Name and Address of New Registered Agent:

KASHAR, CARRIE
4914 SW 24 AVENUE
FORT LAUDERDALE, FL 33312 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: CARRIE KASHAR 03/03/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KASHAR, CARRIE
Address: 4914 SW 24 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD
Name: FERNANDEZ, AMANDA
Address: 5077 SANCERE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: TD
Name: FORDE, SHARON
Address: 872 BANKS ROAD
City-St-Zip: COCONUT CREEK, FL 33063

Title: SD
Name: THIEL, SHARON
Address: 5540 NW 61 STREET
City-St-Zip: COCONUT CREEK, FL 33073

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: CARRIE KASHAR PD 03/03/2010
Electronic Signature of Signing Officer or Director Date