

Amended

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Amended

FILED

07 JUN -6 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04242007 REIN-NP CR2E099 (1/07)

4. FEI Number
65-1097066
Applied For
Not Applicable5. 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

CROSSEN, JOSEPH F
COMPLETE PROPERTY MANAGEMENT, INC
4239 NORTHLAKE BLVD., STE D
PALM BEACH GARDENS, FL 33410

Amy Kutner
Street Address (P.O. Box Number is Not Acceptable)
Capital Realty Advisors
600 Sandtree Dr. #106
Palm Beach Gardens FL 33403

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 KATHY WARD - Kathy Ward, Sec.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/28/07

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.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	TD FOX, LARRY 209 LONE PINE DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUTCHFIELD, MICHAEL 214 LONE PINE DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARD, KATHLEEN 103 LONE PINE DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500104259525 05/12/07--01026--005 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathy Ward, Sec. KATHY WARD 5/28/07 5617753761