

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

05-06

FILED

2007 JAN 18 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12182006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-2397748 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

GROSSINGER, YVES
2621 GRANT ST.
APT. 12B
HOLLYWOOD, FL 33020

Name Ronald Perreault
Street Address (P.O. Box Number is Not Acceptable) 2623-2623 Grant St
City Hollywood FL Zip Code 33020

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

Ronald Perreault

06 JAN 2007

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, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RHOOMS, KENIESHA	
STREET ADDRESS	2621 GRANT STREET, SUITE 1A	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CANNIS, JERRY	
STREET ADDRESS	2623 GRANT ST #4A	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAUPERT, ROBERT	
STREET ADDRESS	2623 GRANT ST #6-B	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	CANNIS, ANTHONY	
STREET ADDRESS	2623 GRANT ST #3A	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Toribia	
STREET ADDRESS	4040 N. Hills Dr #39	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRISSIE DOMINGUEZ	
STREET ADDRESS	2623 Grant St #5B	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD PERREAULT	
STREET ADDRESS	2623 GRANT ST. #36	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

CRISSIE DOMINGUEZ

1-7-07 305-431-4330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19
an