

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUL 13 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07112007 REIN-NP CR2E099 (1/07)

4. FEI Number
23-7384349

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

MARGOLIS, JOHN A
9990 S.W. 77 TH AVENUE
SUITE 330
MIAMI, FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete
NAME CAUSEY, DOUGLAS B
STREET ADDRESS 6698 S. W. 93RD AVENUE
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200106022802
07/13/07--01003--001 **297.50

TITLE TD ☐ Delete
NAME HAVEL, MARTY
STREET ADDRESS 5430 TAYLOR ST
CITY-ST-ZIP HOLLYWOOD, FL 33954

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LECOCA, BERTRAND
STREET ADDRESS 13200 S.W. 59TH AVE.
CITY-ST-ZIP PINECREST, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MARGOLIS, JOHN A
STREET ADDRESS 9990 S.W. 77 TH AVENUE
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME JOHNSON, STEVE
STREET ADDRESS 2926 MEDINAH
CITY-ST-ZIP WESTON, FL 33332

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BINGHAM, SCOTT
STREET ADDRESS 13276 SW 99 TERRACE
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/07

Daytime Phone #

(305) 595 1911

2/14