


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 23 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 733833</b> 1. Entity Name NATIVITY HOME AND SCHOOL ASSOCIATION, INC.	
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Principal Place of Business NATIVITY, INC. 5220 JOHNSON STREET HOLLYWOOD, FL 33021-5720	Mailing Address NATIVITY, INC. 5220 JOHNSON STREET HOLLYWOOD, FL 33021-5720
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip                      Country	City & State  Zip                      Country
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4. FEI Number 59-0865839	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SCHLICHTE, PAUL G. 2134 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D LACEY, ROBERT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500081123725</b> <b>10/23/06--01059--024 **\$61.25</b>	
NAME	9520 SW 6TH ST.		NAME		
STREET ADDRESS	PEMBROKE PINES, FL 33025		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD CONNOLLY, SONIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5209 MC KINLEY ST.		NAME		
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD VOGELANG, MADELINE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4008 MADISON ST.		NAME		
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD NICOLETTI, MARIE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3817 ADAMS ST		NAME		
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T WILKINS, DEE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3721 ARTHUR ST.		NAME		
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Robert Lacey      Robert Lacey      10-10-06  
SIGNATURE AND TYPED OR PRINTED NAME OF PREPARING OFFICER OR DIRECTOR      Date      Daytime Phone #

10/23