

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 16 AM 10:47

REINSTATEMENT 05-06



01132006 REIN-NP CR2E099 (11/05)

4. FEI Number
59-1767287

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

DELEVOE, LOIS J DR.
1733 S.W. 5TH STREET
FT. LAUDERDALE, FL 33312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-06

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 P ☐ Delete
NAME DELEVOE, LOIS J.
STREET ADDRESS 1733 S.W. 5TH STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE ☐ Change ☐ Addition
NAME 700066382697
STREET ADDRESS 02/22/06--01026--003 **306.25
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DELEVOE, SAMUEL J.
STREET ADDRESS 1733 S.W. 5TH STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

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

TITLE T ☐ Delete
NAME DELEVOE, PATRICE
STREET ADDRESS 1733 S.W. 5TH STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

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

TITLE BM ☐ Delete
NAME ALEXANDER, JOHNNY
STREET ADDRESS 1109 NW 23 TERR
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Lois J. Deleve

1-25-06

Date

Daytime Phone #

954-767-0197