2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 769100

FILED Nov 04, 2009 Secretary of State

Entity Name: HABITAT FOR HUMANITY OF BROWARD, INC.

Current Principal Place of Business: New Principal Place of Business:

3564 N. OCEAN BLVD.

FORT LAUDERDALE, FL 33308

Current Mailing Address: New Mailing Address:

3564 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308

FEI Number: 59-2320573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRUSH, JASON CRUSH, JASON S 3564 N. OCEAN BLVD. 3564 N. OCEAN BLVD.

FORT LAUDERDALE, FL 33308 US FORT LAUDERDALE, FL 33308 US

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.

SIGNATURE: JASON S. CRUSH 11/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Address: 700-900 E SUNRISE BLVD Address: 200 E. LAS OLLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD () Delete Title: SD (X) Change () Addition Name: TIERNEV, BARBARA Name: STOCKHAM, TERI

 Address:
 1800 SE 10TH AVE STE 215
 Address:
 1700 SE 15TH STREET, #309

 City-St-Zip:
 FORT LAUDERDALE, FL 33316
 City-St-Zip:
 FORT LAUDERDALE, FL 33316

Title: COB () Delete Title: COB (X) Change () Addition Name: CRAVEN, KATHY Name: LEIDER, ROBERT W

Address: 2657 NE 34TH ST. Address: 1401 79TH ST. CAUSEWAY

City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip: MIAMI, FL 33141

 Title:
 VC
 () Change (X) Addition

 Name:
 Name:
 CALLAHAN CRUSH, COURTNEY

 Address:
 Address:
 401 E. LAS OLAS BLVD #1400

 City-St-Zip:
 FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON S. CRUSH ED 11/04/2009