



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 769626</b> 1. Entity Name <b>CITIZEN'S CRIME ALERT OF FT. LAUDERDALE, INC.</b>	
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FILED  
06 OCT 18 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business PO BOX 4712 FT LAUDERDALE, FL 33338	Mailing Address PO BOX 4712 FT LAUDERDALE, FL 33338
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2. Principal Place of Business <i>meeting</i> City Hall - Fort Lauderdale	3. Mailing Address <i>do Pat Mayer</i> Citizens Crime Alert of Ft Lauderdale	
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Suite, Apt. #, etc. 100 N. Andrews Ave	Suite, Apt. #, etc. 549 NE 11th Ave	10152006 REIN-NP CR2E099 (11/05)
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City & State Fort Lauderdale FL	City & State Ft Lauderdale FL	4. FEI Number 59-2347556	Applied For <input type="checkbox"/> Not Applicable
Zip 33301	Country Broward	Zip 33301-1225	Country Broward

6. Name and Address of Current Registered Agent  MAYERS, PAT 549 NE 11 AVE FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;">                     FL Zip Code                 </div>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$61.25**  
**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.

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V.P. GIBBONEY, LINDA	TITLE	
NAME		NAME	
STREET ADDRESS	1700 NW 7TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33311	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S HOFFMAN, JOY	TITLE	
NAME		NAME	
STREET ADDRESS	209 N.E. 5TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T HABERLAND, SUSAN	TITLE	Cathy Curry
NAME		NAME	
STREET ADDRESS	2873 SW 14TH STREET	STREET ADDRESS	1709 SW 15th
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Ft Lauderdale, FL 33311
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SUAREZ, CHRIS	TITLE	
NAME		NAME	
STREET ADDRESS	3549 SW 16TH CT	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GREGORY, ANNIE	TITLE	P RAYDETTMAN
NAME		NAME	
STREET ADDRESS	505 NW 19 AVE	STREET ADDRESS	1900 Miami Road
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	CITY-ST-ZIP	Fort Lauderdale, FL 33316-3531
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PRES MAYERS, PATRICIA	TITLE	
NAME		NAME	
STREET ADDRESS	549 N.E. 11TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 10/15/06 Daytime Phone #: 954-763-7863
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