


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 769796</b>	
1. Entity Name <b>SENIORS FOUNDATION OF N.W. BROWARD, INC.</b>	

Principal Place of Business <b>6009 N.W. 10TH STREET MARGATE, FL 33063</b>	Mailing Address <b>6009 N.W. 10TH STREET MARGATE, FL 33063</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  <b>GOLDNER, BENJAMIN, ESQ. 8500 ROYAL PALM BLVD. C534 CORAL SPRINGS, FL 33065</b>	
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7. Name and Address of New Registered Agent Name <b>Nora Goldner</b> Street Address (P.O. Box Number is Not Acceptable) <b>8500 Royal Palm Blvd.</b> <b>D 742</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>	
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 <b>Nora L. Goldner</b> <small>Signature, typed or printed name of registered agent and etc if applicable.</small>	DATE <b>10-11-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2007, Fee will be \$297.50</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JABLON, SCOTT DR</b> <b>7332 ATLANTIC BLVD</b> <b>MARGATE, FL 33063</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDNER, NORA</b> <b>11785 ROYAL PALM BLVD.</b> <b>POMPAHO BEACH, FL 33065</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCLEAN, DAVID</b> <b>5790 MARGATE BLVD</b> <b>MARGATE, FL 33063</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COLTON, SCOTT</b> <b>10920 SW 10TH STREET</b> <b>PEMBROKE PINES, FL 33025</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>LIEBERMAN, TERRY</b> <b>6009 N.W. 10 STREET</b> <b>MARGATE, FL 33063</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200080224792</b> <b>10/13/06--01034--002 **245.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Nora Goldner</b> <b>8500 Royal Palm Blvd D-742</b> <b>Coral Springs, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ST</b> <b>Lisa DiMagro</b> <b>8917 NW 26th Ct</b> <b>Coral Springs, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <b>Lisa M. DiMagro</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>10/10/06</b> Daytime Phone # <b>954-973-0300</b>

FILED

2006 OCT 13 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10092006 REIN-NP CR2E099 (11/05)

4. FEI Number <b>59-2340046</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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10/18/06