

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 29 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10232007 REIN-NP CR2E099 (1/07)

4. FEI Number
86-0947831

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KELLY, AMY
5411 N. UNIVERSITY DR.
STE. 202
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **10/22/07**

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, JEFF 1440 CORAL RIDGE DR., STE. 386 CORAL SPRINGS, FL 33071 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, SANDY 1440 CORAL RIDGE DR., STE. 386 CORAL SPRINGS, FL 33071 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAHABY, MICHAEL 1440 CORAL RIDGE DR., STE. 386 CORAL SPRINGS, FL 33071 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEWIS, KEVIN 1440 CORAL RIDGE DR., STE. 386 CORAL SPRINGS, FL 33071 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, AMY 1440 CORAL RIDGE DR., STE. 386 CORAL SPRINGS, FL 33071 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, KEVIN 1440 CORAL RIDGE DR. STE. 386 CORAL SPRINGS, FL 33071 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400111460384 10/29/07--01064--010 **61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/07

Date

954.341-0212

Daytime Phone #