

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F26831 1. Entity Name COMMUNITY BANK OF SOUTH FLORIDA, INC.				 <i>[Handwritten Signature]</i>		FILED 04 OCT 25 PM 3:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 28801 S.W. 157TH AVE. P.O. BOX 379 HOMESTEAD, FL 33033-2437				Mailing Address 28801 S.W. 157TH AVE. P.O. BOX 379 HOMESTEAD, FL 33033-2437			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 REINSTATEMENT 2004 10202004 REIN-P CR2E098 (6/04)			
City & State City: _____ State: _____		City & State City: _____ State: _____					
Zip _____ Country _____		Zip _____ Country _____					
4. FEI Number 59-2331828				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EPLING, ROBERT L. 28801 S.W. 157TH AVE. HOMESTEAD, FL 33030				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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<i>Pres</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00				DATE: <i>10-20-02</i>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD CASE, GERALD C. 14925 SW 232 ST GOULDS, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EPLING, ROBERT 14800 SW 236 STREET HOMESTEAD, FL 33032			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOGGS, COLLEEN H 16300 SW 184TH ST MIAMI, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042161150 10/25/04--01068--021 **750.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARCUS, MICHAEL 20801 SW 157 AVENUE HOMESTEAD, FL 33031			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"/> Delete			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"/> Delete			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 exemption stated in Section 119.07(3)(i), 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 607, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>Pres</i> <small>Date</small>			
Date: <i>10-20-02</i>				Daytime Phone #: _____			