


2004 FOR PROFIT CORPORATION REINSTATEMENT

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|---|--|---------|--|--|--|--|--|
| DOCUMENT # H56028 1. Entity Name COMMUNITY BANK OF FLORIDA, INC. | | | |  | | FILED 04 OCT 25 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 28801 S.W. 157TH AVENUE HOMESTEAD, FL 33033-2437 | | | | Mailing Address 28801 S.W. 157TH AVENUE HOMESTEAD, FL 33033-2437 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| Name | | | | Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | | City | | | |
| State | | | | State | | | |
| Zip | | | | Zip | | | |
| 8. The above named entity admits 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. | | | | 4. FEI Number 59-1474050 | | | |
| Signature: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| DATE: 10-20-04 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 | | | | REINSTATEMENT 2004 <small>8/04/2004 10:00 AM</small> | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE: DVC <input type="checkbox"/> Delete NAME: CASE, GERALD C. STREET ADDRESS: 14925 S.W. 232ND ST. CITY-ST-ZIP: GOULDS, FL | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE: PD <input type="checkbox"/> Delete NAME: EPLING, ROBERT L. STREET ADDRESS: 14800 SW 238 STREET CITY-ST-ZIP: HOMESTEAD, FL 33032 | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE: D <input type="checkbox"/> Delete NAME: BOGGS, COLLEEN H STREET ADDRESS: 16300 SW 184TH ST CITY-ST-ZIP: MIAMI, FL | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE: D <input type="checkbox"/> Delete NAME: MARCUS, MICHAEL STREET ADDRESS: 28801 SW 157TH AVENUE CITY-ST-ZIP: HOMESTEAD, FL 33031 | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP: <input type="checkbox"/> Delete | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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> | | | | DATE: 10-20-04 <small>Date</small> | | | |
| DAYTIME PHONE: 10-20-04 <small>Daytime Phone #</small> | | | | DATE: 10-20-04 <small>Date</small> | | | |