

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL  
AND  
FILED

06 MAR - L AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 05-06 PSC



<b>DOCUMENT # N00000008050</b> 1. Entity Name THE CCS CHARITABLE FOUNDATION, INC.					
Principal Place of Business 1225 SOUTH OCEAN BLVD., #401 DELRAY BEACH, FL 33483			Mailing Address 1225 SOUTH OCEAN BLVD., #401 DELRAY BEACH, FL 33483		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address C/O Herman E. Clark  Suite, Apt. #, etc. 551 S. E. 8th Street #500			
City & State		City & State Delray Beach, Fl. 33483			
Zip	Country	Zip	Country	4. FEI Number 65-1059283	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  DONOFF, CRAIG 6100 GLADES ROAD SUITE 204 BOCA RATON, FL 33434			7. Name and Address of New Registered Agent Name: Herman E. Clark Street Address (P.O. Box Number is Not Acceptable): 551 S. E. 8th Street #500 City: Delray Beach, Florida 33483 State: 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: <u>Herman E. Clark</u> 2/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SNYDER, CAVET C 1225 SOUTH OCEAN BLVD., #401 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500075955775 06/07/06--01016--004 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SNYDER, MARC A 1225 SOUTH OCEAN BLVD., #401 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800062374918 12/23/05--01040--006 **236.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WARREN, KELLY 1225 SOUTH OCEAN BLVD., #401 DELRAY BEACH, FL 33483 <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	
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 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: <u>Mark Snyder</u> 12/12/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					