

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N02000003679</b> 1. Entity Name <b>DOROTHY T. GAITOR RESOURCES COMMUNITY DEVELOPMENT CORPORATION</b>				 <b>FILED</b> APR -6 PM 2:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT 04-05</b>	
Principal Place of Business <b>20810 NW 28TH COURT OPA LOCKA, FL 33056-1464</b>		Mailing Address <b>20810 NW 28TH COURT OPA LOCKA, FL 33056-1464</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number <b>02-0595048</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04012005 REIN-NP CR2E099 (6/04)	
6. Name and Address of Current Registered Agent <b>GAITOR, DOROTHY T 20810 NW 28TH COURT OPA LOCKA, FL 33056-1464</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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>				DATE <b>4/4/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GAITOR, DOROTHY T</b> <b>20810 NW 28TH COURT</b> <b>OPA LOCKA, FL 330561464</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D.</b> <b>LEATRICE A. BUCKLEY</b> <b>20810 N. W. 28th Court</b> <b>OPA LOCKA, FL 33056-1464</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BENBOW, LEON JR</b> <b>20810 NW 28TH COURT</b> <b>OPA LOCKA, FL 330561464</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900051140709 04/19/05--01006--013 **131.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BUCKLEY, MALCOLM H</b> <b>20810 NW 28TH COURT</b> <b>OPA LOCKA, FL 330561464</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	05 APR -6 PM 2:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HOLCOMB, RUFUS L III</b> <b>20810 NW 28TH COURT</b> <b>OPA LOCKA, FL 330561464</b>	<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	<b>D</b> <b>GAITOR, CHAMARA F</b> <b>20810 NW 28TH COURT</b> <b>OPA LOCKA, FL 330561464</b>	<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	<b>D</b> (Empty)	<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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/4/05</b> Daytime Phone # <b>7863165747</b>	

T. Roberts APR 12 2005