

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 24 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09172007 REIN-NP CR2E099 (1/07)

4. FEI Number
02-0621164

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FORDE, FRANCES M
9092 SW 20TH PLACE
MIRAMAR, FL 33025

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 *Rosetta H. Cumberbatch*

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

(NOTE: Registered Agent signature required when reinstating)

9/17/07
DATE

FILE NOW!!! FEE IS \$81.25
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 PD ☐ Delete
NAME FORDE, FRANCES M
STREET ADDRESS 9092 SW 20TH PLACE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE SD ☐ Delete
NAME THOMAS-ROACH, MAUREEN Y
STREET ADDRESS 2330 SW 83 TERRACE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE TD ☐ Delete
NAME CUMBERBATCH, ROSETTA H
STREET ADDRESS 10170 NW 10 STREET
CITY-ST-ZIP PLANTATION, FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800109847578
CITY-ST-ZIP 09/24/07--01067--022 **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Rosetta H. Cumberbatch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/07
Date

Daytime Phone #

9/24/07