


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 AUG 28 AM 11: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N02000007661</b> 1. Entity Name J.U.G.S. INTERNATIONAL MIAMI CHAPTER, INC.	
--	---

Principal Place of Business 1830 N.W. 188 TERRACE MIAMI, FL 33056	Mailing Address 1830 N.W. 188 TERRACE MIAMI, FL 33056
---	---



2. Principal Place of Business <i>1235 N. W 42nd St</i>	3. Mailing Address <i>1235 N.W. 42nd St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05202005 REIN-NP CR2E099 (6/04)

City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>	4. FEI Number 45-0489234	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <i>33142</i>	Country <i>Miami-Dade</i>	Zip <i>33142</i>	Country <i>Miami-Dade</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

**6. Name and Address of Current Registered Agent**

BELCHER, BERNICE O  
1830 N.W. 188 TERRACE  
MIAMI, FL 33056

**7. Name and Address of New Registered Agent**

Name *Dorothy D. Wilder*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1235 N. W. 42nd St.*  
 City *Miami* FL Zip Code *33142*

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 *Dorothy D. Wilder* DATE *8/4/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$297.50** Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE TD NAME WILDER, DOROTHY <input type="checkbox"/> Delete STREET ADDRESS 1235 NW 42ND STREET CITY-ST-ZIP MIAMI, FL 33142	
TITLE FSD NAME JOHNSTON, MAMIE <input type="checkbox"/> Delete STREET ADDRESS 2120 NW 193RD TERRACE CITY-ST-ZIP OPA LOCKA, FL 33056	
TITLE D <input checked="" type="checkbox"/> Delete NAME JONES, KATHY STREET ADDRESS 350 N.W. 158 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33028	
TITLE SD NAME PINKSTON, MARTY <input type="checkbox"/> Delete STREET ADDRESS 620 S LAKE DASHA DR CITY-ST-ZIP FORT LAUDERDALE, FL 33324	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 500079265335 CITY-ST-ZIP 08/30/06--01031--010 **367.50	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

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: *Dorothy D. Wilder* / *Dorothy D. Wilder* DATE *8/4/06* (305-634-5387)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #