2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # N03000001143 FBO/CBO CONSORTIUM OF BROWARD COUNTY, INC. 06 APR -4 PM 3:49 Principal Place of Business Mailing Address **405 NW 3RD AVENUE 405 NW 3RD AVENUE** POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4022006 REIN-NP CR2E099 (11/05) City & State City & State FEI Number 25-9005002 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCRAY, RAYA T 405 NW 3RD AVENUE Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33060 City 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. 4-3-06 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, TITLE CD ☐ Delete TITLE ☐ Change Addition MCCRAY, RAYA T NAME NAME 700070442027 STREET ADDRESS 405 NW 3RD AVENUE STREET ADDRESS 04/14/06--01023--013 **306.25 CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-ZIP TITLE Delete TITLE VDChange ■ Addition NAME SMITH, KELVIN Shield Smith NAME STREET ADDRESS 5215 PEMBROKE ROAD 11844 ROYAL Palm Blud, Coral Springs, FL 33065 STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE Defete TITLE ☐ Addition NAME MORTON, TAMMY June P. Lewis NAME STREET ADDRESS 1021 NW 6TH STREET 243) NW 27 AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33311 CITY-ST-78P FT. Lauderdale, FL 33311 TITLE Delete TITLE ☐ Change ☐ Addition NAME HARRIS, BARBARA NAME STREET ADDRESS 2547 RALEIGH STREET STREET ADDRESS HOLLYWOOD, FL 33020 CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De!ete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 optrustee 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. NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: