

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001143

FILED
Aug 28, 2010
Secretary of State

Entity Name: FBO/CBO CONSORTIUM OF BROWARD COUNTY, INC.

Current Principal Place of Business:

405 NW 3RD AVENUE
POMPANO BEACH, FL 33060

New Principal Place of Business:

5900 NW 17 PLACE
UNIT 215
SUNRISE, FL 33313

Current Mailing Address:

405 NW 3RD AVENUE
POMPANO BEACH, FL 33060

New Mailing Address:

5900 NW 17 PLACE
UNIT 215
SUNRISE, FL 33313

FEI Number: 25-9005002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCRAY, RAYA T
405 NW 3RD AVENUE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

GRAAF, DAPHNE E
5348 SW 132 TERRACE
MIRAMAR, FL 33027 US

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.

SIGNATURE: DAPHNE E GRAAF

08/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD
Name: MCCRAY, RAYA T
Address: 5900 NW 17 PLACE UNIT 215
City-St-Zip: SUNRISE, FL 33313

Title: VD
Name: MCCRAY, JOEL D
Address: 5900 NW 17 PLACE UNIT 215
City-St-Zip: SUNRISE, FL 33313

Title: VD
Name: SMITH, MICHAEL V
Address: 3517 SANCTUARY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD
Name: SMITH, SHELIA J
Address: 3517 SANCTUARY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33313

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAPHNE E GRAAF

RA

08/28/2010

Electronic Signature of Signing Officer or Director

Date