

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004341

FILED
Mar 14, 2006
Secretary of State

Entity Name: HIGH RIDGE NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

5611 N W 24TH AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

5611 N W 24TH AVENUE
MIAMI, FL 33142

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

IVORY, NIKITA
5400 N W 22ND AVENUE
SUITE 701
MIAMI, FL 33142 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: NIKITA IVORY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLATER, MARY
Address: 5611 N W 24TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: VD () Delete
Name: GRODSO, TOBY
Address: 2375 NW 56TH STREET
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: CARTER, IDELLA
Address: 2407 N W 56TH STREET
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: ANDERSON, ALBERTA
Address: 5573 N W 24TH AVENUE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NIKITA IVORY

RA

03/14/2006

Electronic Signature of Signing Officer or Director

Date