

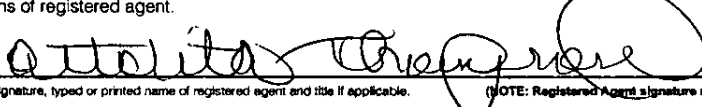
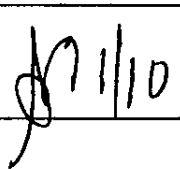



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000005488 1. Entity Name BETTER HOMES AND FAMILIES COMMUNITY DEVELOPMENT CORPORATION						FILED 06 JAN -9 AM 10: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10401 NORTHWEST 8TH AVENUE MIAMI, FL 33150				Mailing Address 10401 NORTHWEST 8TH AVENUE MIAMI, FL 33150			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 01052006 REIN-NP CR2E099 (11/05) 05-06			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number APPLIED FOR 30-0317791				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEABODY, BONITA JONES ESQ. 11501 N.W. 2ND AVENUE MIAMI, FL 33168				7. Name and Address of New Registered Agent Name Ottolita Thompson, Esq. Street Address (P.O. Box Number is Not Acceptable) 6625 Miami Lakes Drive Suite 417 City Miami Lakes FL Zip Code 33014			
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/3/06			
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, LESTER L SR <input type="checkbox"/> Delete 13421 SW 26TH STREET MIRAMAR, FL 33027			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200063568592 01/12/06--01055--011 **306.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESSLEY, RALPH SR <input type="checkbox"/> Delete 1367 N.W. 95 TERRACE MIAMI, FL 33147			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUFFIE, EDWARD JR <input type="checkbox"/> Delete 585 N.W. 135TH STREET MIAMI, FL 33167			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 1/3/06 <small>Date</small>			