



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000006738 1. Entity Name FRIENDSHIP COMMUNITY REDEVELOPMENT CORPORATION						FILED 06 JAN 27 AM 11:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 740 NW 58TH STREET MIAMI, FL 33127				Mailing Address 740 NW 58TH STREET MIAMI, FL 33127			
2. Principal Place of Business		3. Mailing Address		01242006 REIN-NP		CR2E099 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SMITH, GASTON REV. 740 NW 58TH STREET MIAMI, FL 33127				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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	D SMITH, GASTON REV. 740 NW 58TH STREET MIAMI, FL 33127 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400065584294 02/10/06--01072--003 **306.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, DEXTER 1240 NW 203 STREET MIAMI, FL 33169 <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	D THOMAS-SMITH, LINDA 7005 PEMBROKE ROAD MIRAMAR, FL 33023 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em; font-weight: bold; transform: rotate(-10deg);"> 2/3/06 REINSTATEMENT </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPINS, MURKEL 3715 NW 22 COURT MIAMI, FL 33142 <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	D MCCOY, THOMAS 1225 NW 84 TERRACE MIAMI, FL 33147 <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: <i>Gaston Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/30/06 <small>Date</small>		(305) 299-5780 <small>Daytime Phone #</small>	