

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001826

**FILED**  
**Oct 19, 2009**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA COMPENSATION & BENEFITS ASSOCIATION, INC.

**Current Principal Place of Business:**

2070 GRIFFIN RD  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1284  
DANIA, FL 330041284

**New Mailing Address:**

**FEI Number:** 65-0025274      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ANTHONY, PRIORE  
2070 GRIFFIN RD  
FT. LAUDERDALE, FL 33312      US

**Name and Address of New Registered Agent:**

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: ANTHONY PRIORE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: HOLMES, ROBERT  
Address: PO BOX 1284  
City-St-Zip: DANIA, FL 33004

Title: TREA ( ) Delete  
Name: PRIORE, ANTHONY E  
Address: 2070 GRIFFIN RD  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP (X) Delete  
Name: BILES, JULIE  
Address: P.O. BOX 1284  
City-St-Zip: DANIA, FL 330041284

Title: VP ( ) Delete  
Name: RIVERO, JORGE  
Address: P.O. BOX 1284  
City-St-Zip: DANIA, FL 330041284

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: BILES, JULIE  
Address: PO BOX 1284  
City-St-Zip: DANIA, FL 33004

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 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: ANTHONY PRIORE

Electronic Signature of Signing Officer or Director

TREA

10/19/2009

Date