

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 25 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000009419

1. Corporation Name

Exodus Community Services, Inc.

REINSTATEMENT 06-07 RES

2. Principal Office Address - No P.O. Box #

100 SW 117th Terrace

3. Mailing Office Address

100 SW 117th Terrace

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33025

Country

USA

Zip

33025

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/2004

5. FEI Number

86-1109347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Patricia Blackman

Street Address (P.O. Box Number is Not Acceptable)
100 SW 117th Terrace

Suite, Apt. #, Etc.

#306

City
Pembroke Pines, FL

State
FL

Zip Code
33025

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Patricia Blackman

Date 10/22/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Patricia Blackman	100 SW 117th Terr., #306	Pembroke Pines, FL 33025
D	Anna Williams	100 SW 117th Terr., #306	Pembroke Pines, FL 33025
D	Jennifer Butler	100 SW 117th Terr., #306	Pembroke Pines, FL 33025

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Patricia Blackman - Patricia Blackman 10/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-638-1777

Daytime Phone #