

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011643

FILED
Oct 07, 2005
Secretary of State

Entity Name: COMMUNITY SUPPORT FOR YOUTH AND FAMILIES, INC.

Current Principal Place of Business:

1300 SW 63RD TERR
PLANTATION, FL 33137

New Principal Place of Business:

Current Mailing Address:

1300 SW 63RD TERR
PLANTATION, FL 33137

New Mailing Address:

FEI Number: 41-2152877 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

ISMA, ARDAIN
1300 SW 63RD TERR
PLANTATION, FL 33137 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: DR. ARDAIN ISMA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISMA, ARDAIN
Address: 1300 SW 63RD TERR
City-St-Zip: PLANTATION, FL 33137

Title: D () Delete
Name: ISMA, MARYSE
Address: 1300 SW 63RD TERR
City-St-Zip: PLANTATION, FL 33137

Title: D () Delete
Name: JEAN, MICAELE
Address: 4321 NE 13TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: MARTIN, JOAN
Address: 6540 NW 26 STREET
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: ISMA, ARDAIN DR.
Address: 1300 SW 63RD TERR
City-St-Zip: PLANTATION, FL 33137

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 Section 119.07(3)(i), 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: DR. ARDAIN ISMA

D/P

10/07/2005

Electronic Signature of Signing Officer or Director

Date