

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001914

FILED
Apr 23, 2009
Secretary of State

Entity Name: COMMUNITY ECONOMIC DEVELOPMENT IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

239-241 WEST PALM DRIVE
FLORIDA CITY, FL 33034

New Principal Place of Business:

916 NORTH FLAGLER AVENUE
HOMESTEAD, FL 33030

Current Mailing Address:

239-241 WEST PALM DRIVE
FLORIDA CITY, FL 33034

New Mailing Address:

PO BOX 901872
HOMESTEAD, FL 33030

FEI Number: 37-1505365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

VARIETY, LEE
239-241 WEST PALM DRIVE
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

VARIETY, LEE
916 NORTH FLAGLER AVENUE
HOMESTEAD, FL 33030 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: LEE VARIETY

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MICHAEL, KERMA
Address: 239 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: TD () Delete
Name: MARC, LUBIN
Address: 239-241 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MICHAEL, KERMA
Address: 916 N FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: TD (X) Change () Addition
Name: MARC, LUBIN
Address: 916 N FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030

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: KERNA MICHEL

PSD

04/23/2009

Electronic Signature of Signing Officer or Director

Date