


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV 27 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N05000006571</b> 1. Entity Name <b>BROTHERHOOD SOUTHERN FOUNDATION, INC.</b>	
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Principal Place of Business 27146 SOUTH DIXIE HWY NARANJA, FL 33032	Mailing Address P.O. BOX 924252 PRINCETON, FL 33092
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

P.O. BOX  
180505  
TALLAHASSEE, FL  
32303



REINSTATEMENT

06

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CERISIER, PHILIP S 27146 SOUTH DIXIE HWY NARANJA, FL 33032		Name Street Address (P.O. Box Number is Not Acceptable) City	
		<b>FL</b>	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: Philip S. C. (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P CERISIER, PHILIP S	TITLE	Raymond de victone Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	27146 SOUTH DIXIE HWY	STREET ADDRESS	887 COPPERHILL HWY 27
CITY-ST-ZIP	NARANJA, FL 33032	CITY-ST-ZIP	Bainbridge GA 30817
TITLE	VP	TITLE	Debbie Lagness Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	BARREAU, ROSEMARIE	NAME	60 Hawthorne Ave U.P
STREET ADDRESS	27146 SOUTH DIXIE HWY	STREET ADDRESS	BONKONKOMA N.Y.
CITY-ST-ZIP	NARANJA, FL 33032	CITY-ST-ZIP	
TITLE	D	TITLE	000082330820 Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CERISIER, NADIA	STREET ADDRESS	12/06/06--01063--001 **70.00
STREET ADDRESS	27146 SOUTH DIXIE HWY	CITY-ST-ZIP	
CITY-ST-ZIP	NARANJA, FL 33032	TITLE	
TITLE	D	NAME	
NAME	NICOLAS, ABIGAIL	STREET ADDRESS	
STREET ADDRESS	27146 SOUTH DIXIE HWY	CITY-ST-ZIP	
CITY-ST-ZIP	NARANJA, FL 33032	TITLE	
TITLE	D	NAME	
NAME	CERISIER, SARA	STREET ADDRESS	
STREET ADDRESS	27146 SOUTH DIXIE HWY	CITY-ST-ZIP	
CITY-ST-ZIP	NARANJA, FL 33032	TITLE	
TITLE	Debbie Lagness Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	
STREET ADDRESS	60 Hawthorne Ave	STREET ADDRESS	
CITY-ST-ZIP	BONKONKOMA N.Y.	CITY-ST-ZIP	

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: Philip S. C. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_