

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

12/21/06 01029-018-6125

FILED

07 JAN 22 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12212006 REIN-NP CR2E099 (11/05)

4. FEI Num: 26-0123868

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, VIRGINIA
2781 SW 3RD CT
FT LAUDERDALE, FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Virginia Smith - Virginia Smith 12/27/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME SMITH, VIRGINIA
STREET ADDRESS 2781 SW 3RD CT
CITY-ST-ZIP FT LAUDERDALE, FL 33312

☐ Change ☐ Addition
NAME 300086688053
STREET ADDRESS 01/30/07--01023--021 **236.25
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME GIBBONS, JERRY D
STREET ADDRESS 861 WYOMING AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33312

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME OLRIDGE, LORRAINE
STREET ADDRESS P.O. BOX 8082
CITY-ST-ZIP FT LAUDERDALE, FL 33312

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME COKLEY, DORA
STREET ADDRESS 1010 SW 30TH AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33312

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Gerry D. Gibbons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/06

Date

954-792-8620

Daytime Phone

x. 1/27