


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N11638 1. Entity Name ASSOCIATION OF PUBLIC CORPORATIONS, INC.	
---	---

05 DEC 27 PM 4: 10

SEC. OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 05

Principal Place of Business 1320 SOUTH DIXIE HWY SUITE 841 CORAL GABLES, FL 33146	Mailing Address 350 E LAS OLAS BLVD 1150 FORT LAUDERDALE, FL 33301 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



10072005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-2645179	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CROLAND, LESLIE J PA 350 E LAS OLAS BLVD 1150 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City
---	---

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 _____ (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, 2006, Fee will be \$297.50

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN O'CONNELL <input type="checkbox"/> Delete 2200 ELLER DRIVE PO BOX 13038 FT. LAUDERDALE, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROLAND, LESLIE <input type="checkbox"/> Delete 350 E. LAS OLAS BLVD. #1150 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOJENA, HECTOR <input type="checkbox"/> Delete 2 SO. BISCAYNE BLVD. 28TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600063540906 01/12/06--01009--013 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 enclosures with all other like empowers.

SIGNATURE: Leslie J. Croland 10/7/05 954.667.6129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #