


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N19874 1. Entity Name BROWNSVILLE NEIGHBORHOOD CIVIC ASSOCIATION, INC.	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 20 AM 8:00

Principal Place of Business 3246 NW 48TH TERRACE MIAMI, FL 33142	Mailing Address 3246 NW 48TH TERRACE MIAMI, FL 33142
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REINSTATEMENT 06



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10172006 REIN-NP CR2E099 (11/05)

4. FEI Number 65-0273534	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

**STEWART, EVERETT SR
3246 NW 48TH TERRACE
MIAMI, FL 33142**

7. Name and Address of New Registered Agent

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 *Everett Stewart Sr.* 10/17/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p style="text-align: center; font-weight: bold; font-size: 0.8em;">FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50</p>	<p style="font-size: 0.8em;">In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>	<p style="font-size: 0.8em;">Make check payable to Florida Department of State</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, EVERETT SR. 3246 N.W. 48TH TERRACE MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, MARTHA P 3249 N.W. 51 ST. MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JOHNSON, GWENDOLYN 3010 N 51 ST TERRACE MIAMI, FL 33142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REAVES, JENNIE 3315 N.W. 49TH ST. MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, ERNESTINE 4875 NW 31ST AVENUE MIAMI, FL 33142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, GLINNER H 3246 N W 48TH TERRACE MIAMI, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">600081083386</div> <div style="font-size: 0.8em;">10/20/06--01065--009 **70.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>

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: *Everett Stewart Sr.* 10/17/06 305-633-4134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #