

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N32389

FILED  
Dec 19, 2007  
Secretary of State

**Entity Name:** A.M.H.E. SOUTH FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

FRANTZ DELVA  
3101 NW 47TERRACE SUITE 129-4  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

FRANTZ DELVA  
3101 NW 47TERRACE SUITE 129-4  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number:** 65-0121462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

**Name and Address of New Registered Agent:**

FRANTZ, DELVA  
3101 NW 47TERRACE SUITE 129-4  
SUITE 129-4  
LAUDERDALE LAKES, FL 33319 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: DELVA FRANTZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARMAND, LUCIEN  
Address: 4100 S HOSPITAL DR SUITE 108  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: TD ( ) Delete  
Name: DUBOIS, JEAN C  
Address: 601 E SAMPLE RD STE 110  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD ( ) Delete  
Name: MARC, JOSEPH  
Address: 19100 NW 10TH AV  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: DELVA, FRANTZ  
Address: 31010 NW47 TERRACE SUITE 129-4  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D ( ) Delete  
Name: DOMOND, LHERISSON  
Address: 5224 NW 37 AV  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUCIEN ARMAND

P

12/19/2007

Electronic Signature of Signing Officer or Director

Date