

FILED

2014 MAR -6 PM 3: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
3/27/1990

5. FET Number
591982916

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name _____

Josephine Gray

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

2900 NW 27th Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale.

State

FL

Zip Code

FL 33311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date _____

REGISTERED AGENT MUST SIGN

9. **Names and Street Addresses of Each Officer and/or Director** (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D -	Bishop Sydney A. Dunn	201 SW 52nd Terrace	Plantation, FL 33317
D	Debra Durrant	11360 NW 40th Place	Sunrise, FL 33323
D	Josephine Gray	2900 NW 27th Avenue	Ft. Lauderdale, FL 33311
	REINSTATEMENT		S. HAWKES
	2013 - 2014		MAR 6 - A.M.
			EXAMINED

10. **E-mail Address:** Jgray0433@hotmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-581-9529

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11-0020