2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 25, 2007
Secretary of State

DOCUMENT# N46500

Entity Name: GOLDEN HEIGHTS MULTI-CRISIS CENTER, INC.

Current Principal Place of Business:

P.O. BOX 5488
FORT LAUDERDALE, FL 33310

New Principal Place of Business:

2051 N W 31ST AVE
FORT LAUDERDALE, FL 33311

Current Mailing Address:

P.O. BOX 5488
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 16-2320178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSENTHAL, STUART S
555 SW 12TH AVE
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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: STUART ROSENTHAL
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WASHINGTON, W.F.,	
Address:	2051 MARTIN L. KING BLVD	
City-St-Zip:	LAUDERDALE LAKES, FL	
Title:	VD	( ) Delete
Name:	LARRY SIMMONS,	
Address:	2051 MARTIN L. KING BLVD	
City-St-Zip:	LAUDERDALE LAKES, FL	
Title:	TD	( ) Delete
Name:	EWERS, OSWALD	
Address:	2051 MARTIN L. KING BLVD.	
City-St-Zip:	LAUDERDALE LAKES, FL	
Title:	SD	( ) Delete
Name:	ROSENTHAL, STUART S	
Address:	555 SW 12THAVE	
City-St-Zip:	POMPANO BEACH, FL	

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:	

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: W F WASHINGTON PD 09/25/2007
Electronic Signature of Signing Officer or Director — Date