2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 24, 2009
Secretary of State

DOCUMENT# N48031

Entity Name: BAME DEVELOPMENT CORPORATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

245 NW 8TH ST
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12313
MIAMI, FL 33101

New Mailing Address:

245 NW 8TH ST
MIAMI, FL 33136

FEI Number: 65-0364030 **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:

SULLIVAN, SAMUEL E CHAIRMA
245 NW 8TH ST
MIAMI, FL 33136 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: SAMUEL E SULLIVAN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOLDSBY, DEAN DR
Address: 14651 SW 94TH AVE
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: YOUNG, ANDREA
Address: 2225 NW 177TH TERRACE
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete
Name: BROWN, ALFREDA
Address: 1840 NW 81ST ST
City-St-Zip: MIAMI, FL 33147

Title: C ( ) Delete
Name: SULLIVAN, SAMUEL E REV
Address: 245 NW 8TH STREET
City-St-Zip: MIAMI, FL 33136

Title: S ( ) Delete
Name: NIXON, YOLANDA SEC
Address: 245 NW. 8TH STREET
City-St-Zip: MIAMI, FL 33136 US

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: SAMUEL E SULLIVAN CEO 11/24/2009

Electronic Signature of Signing Officer or Director — Date