

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 19 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001299

1. Corporation Name

ERITREAN COMMUNITY
OF SOUTH FLORIDA, INC.

2. Principal Office Address

13154 SW 25TH PLACE

3. Mailing Office Address

P.O. BOX 551611

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL 33325

City & State

FORT LAUDERDALE FL

Zip

33325

Country

US

Zip

33355-1611

Country

US

04-25-05 90213 004 #297.50
REINSTATEMENT 04-06

4. Date Incorporated or Qualified,
To Do Business in Florida

5. FEI Number

63 0434610

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MEHRET BERHANE

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

13154 SW 25TH PLACE

Suite, Apt. #, Etc.

300073551233

05/02/06--01004--008

**61.25

City

DAVIE,

State
FL

Zip Code

33325

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

Mehret Berhane

REGISTERED AGENT MUST SIGN

Date

4/17/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	ASGHEDOM, BERKITI M	20955 NW MIAMI CT.	MIAMI, FL 33169
SD	BERHANE, ALGANESH	3852 OAKRIDGE CIR.	FORT LAUDERDALE, FL 33331
TD	BERHANE, MEHRET	13154 SW 25 TH PLACE	DAVIE, FL 33325

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mehret Berhane Mehret Berhane 4/17/06 (954)236-3329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #