


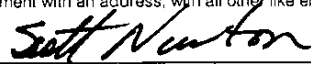


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000003780 1. Entity Name THE LAUDERHILL COMMUNITY SERVICES FOUNDATION, INC.						FILED 05 JAN -4 AM 11:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 7600 NW 50TH ST LAUDERHILL, FL 33351				Mailing Address 7600 NW 50TH ST LAUDERHILL, FL 33351				
2. Principal Place of Business		3. Mailing Address				12222004 REIN-NP CR2E099 (6/04)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip		Zip						
4. FEI Number 65-0432640				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MOGBO, CHUCK 2800 WEST OAKLAND PARK BLVD. #209 FORT LAUDERDALE, FL 33311				
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>				8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> CHUCK MOGBO <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 12/22/04 <small>DATE</small> </div> </div>				
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<div style="text-align: center;"> 000043652010 12/27/04--01088--018 **244.00 </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TRASKELL, CHARLES		NAME					
STREET ADDRESS	1200 SW 12TH STREET APT. D103		STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP					
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NEWTON, SCOTT		NAME					
STREET ADDRESS	9889 N.W. 2ND ST		STREET ADDRESS					
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP					
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SIMONS, DAVID		NAME					
STREET ADDRESS	3864 SHERIDAN STREET		STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COLLIE, MICHELLE		NAME					
STREET ADDRESS	3 SW 129 AVE #101		STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP					
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MOGBO, CHUCK		NAME					
STREET ADDRESS	2800 WEST OAKLAND PARK BLVD #209		STREET ADDRESS					
CITY-ST-ZIP	OAKLAND PARK, FL 33311		CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			12/22/04 <small>Date</small>			754-234-6146 <small>Daytime Phone #</small>		