

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000002429 1. Entity Name THE HOUSING AUTHORITY OF THE CITY OF NORTH LAUDERDALE, FLORIDA, INC.				 <div style="text-align: right;"> FILED 04 NOV 29 PM 4:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 701 SOUTHWEST 71ST AVENUE NORTH LAUDERDALE, FL 33068-2395		Mailing Address 701 SOUTHWEST 71ST AVENUE NORTH LAUDERDALE, FL 33068-395 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0686260	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOREN, SAMUEL M ESQ. 3099 E. COMMERCIAL BLVD. SUITE 200 FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u><i>Samuel M Goren</i></u> SAMUEL M GOREN				DATE <u>11/23/04</u>	
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 NAME STREET ADDRESS CITY-ST-ZIP	D ROLDAN, NIVIA 701 SOUTHWEST 71ST AVENUE NORTH LAUDERDALE, FL 330682395	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 000043047960 11/29/04--01073--002 **236.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHARAJ, RAMSURAT 701 SOUTHWEST 71ST AVENUE NORTH LAUDERDALE, FL 330682395	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBREEN, BHATTY 701 SW 71 AVENUE NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBOCK, MICHAEL 701 SW 71ST AVENUE NORTH LAUDERDALE, FL 330682395	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIGAN, LARRY 701 SW 71ST AVE POMPANO BEACH, FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARK 701 SW 71ST AVE POMPANO BEACH, FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>A Bhatty</i></u> AMBREEN BHATTY <u>11/2/04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					