

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000003859

FILED
Sep 19, 2007
Secretary of State

Entity Name: UNIVERSITY OF FORT LAUDERDALE, INC.

Current Principal Place of Business:

4093 NW 16TH STREET
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

4093 NW 16TH STREET
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 65-0683159 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

FERNANDEZ, HENRY
UNIVERSITY OF FT LAUDERDALE
4093 NW 16TH STREET
LAUDERHILL, FL 33313 US

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: HENRY FERNANDEZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: FERNANDEZ, HENRY B
Address: 4093 NW 16TH ST
City-St-Zip: LAUDERHILL, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR () Delete
Name: MUNROE, MYLES
Address: P.O. BOX N-9583
City-St-Zip: NASSAU BAHAMAS,

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR () Delete
Name: MORGAN, PATRICIA
Address: 38 HALIFAX AVENUE
City-St-Zip: KINGSTON JAMAICA,

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: J () Delete
Name: HOLMES, ILONA
Address: 201 SE 6TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR () Delete
Name: BEER, LILIA
Address: 1505 N. UNIVERSITY DR. #402
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR () Delete
Name: MORRIS, SHARON
Address: 2736 SW 135TH AVE
City-St-Zip: MIRAMAR, FL 33027

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: HENRY FERNANDEZ

DR

09/19/2007

Electronic Signature of Signing Officer or Director

Date