

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 01, 2008  
Secretary of State**

DOCUMENT# N96000006190

Entity Name: THE FOUNTAIN OF PEMBROKE PINES, INC.

**Current Principal Place of Business:**

21113 JOHNSON STREET  
SUITE 120  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

21113 JOHNSON STREET  
SUITE 120  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 65-0716717      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:**

PAYNE, ROBERT  
18244 SW 20TH STREET  
PEMBROKE PINES, FL 33029      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: ROBERT PAYEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/T      ( ) Delete  
Name: NORTON, HARRY  
Address: 13172 NW 18TH STREET  
City-St-Zip: PEMBROKE, FL 33028

Title: S      ( ) Delete  
Name: RHODES, TODRA A  
Address: 19500 SW 39TH COURT  
City-St-Zip: MIRAMAR, FL 33029

Title: VP      ( ) Delete  
Name: LIPSCOMB, GWENDOLYN R  
Address: 1630 SW 97TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D      ( ) Delete  
Name: MESSAM, WAYNE  
Address: 21113 JOHNSON ST #120  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D      ( ) Delete  
Name: SIMON, NIKKI  
Address: 21113 JOHNSON ST #120  
City-St-Zip: PEMBROKE PINES, FL 33029

**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:

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: HARRY NORTON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P/T

10/01/2008

\_\_\_\_\_  
Date