


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000006412	
1. Entity Name BROWARD AFFORDABLE HOUSING TASK FORCE INC.	

Principal Place of Business 2400 NORTH UNIVERSITY SUITE 200 PEMBROKE PINES, FL 33024 US	Mailing Address PO BOX 1524 FORT LAUDERDALE, FL 33302 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
BISHOP, CHESTER 2400 NORTH UNIVERSITY SUITE 200 PEMBROKE PINES, FL 33024	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

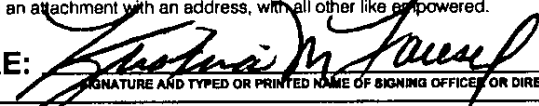
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$297.50</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	FAUSEL, KRISTINA
STREET ADDRESS	2500 HOLLYWOOD BLVD, #314
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	TD <input type="checkbox"/> Delete
NAME	JOHNSON, FRANCINE
STREET ADDRESS	4360 WEST OAKLAND PARK BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313
TITLE	VD <input type="checkbox"/> Delete
NAME	BLANCO-TRUE, ERBT
STREET ADDRESS	1500 SAN REMO
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SD <input type="checkbox"/> Delete
NAME	CEDENO, LESLIE
STREET ADDRESS	PO BOX 1524
CITY-ST-ZIP	FORT LAUDERDALE, FL 33302
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000147721640
STREET ADDRESS	03/27/09--01032--015 **297.50
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Pierson
STREET ADDRESS	7765 SW 10 Street
CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA L. CLEAVER
STREET ADDRESS	3201 N. Federal Hwy #303
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  KRISTINA FAUSEL 3/20/09 954/924-2922  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED  
09 MAR 27 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09