

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000000882

1. Entity Name
SOUTH FLORIDA CHAPTER, INCORPORATED. BPA



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 28 AM 11:46

Principal Place of Business (Northwest) Mailing Address
15800 NORTHEAST 42 AVE P.O. BOX 522194 (522195)
MIAMI, FL 33054 OPA LOCKA, FL 33055



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03122008 REIN-NP

CR2E099 (1/07)

4. FEI Number
65-0890987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, MARK
12905 NE 12 AVENUE
N MIAMI, FL 33161

Name - Arthemon Johnson - Sec.
Street Address (P.O. Box Number is Not Acceptable)

2412 N.W. 108 St 33167
City - Miami 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

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMAS, MARK
STREET ADDRESS 12905 NE 12 AVE
CITY-ST-ZIP N MIAMI, FL 33161 ☐ Delete

TITLE VP
NAME SINGLETARY, CARLENTINE
STREET ADDRESS 8850 NW 3 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33024 ☐ Delete

TITLE TD
NAME SHANNON, FRENCH
STREET ADDRESS 1331 SW 114TH WAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33325 ☐ Delete

TITLE SD
NAME JOHNSON, ARTHEMON
STREET ADDRESS 2412 NW 108 STREET
CITY-ST-ZIP MIAMI, FL 33167 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000121545970
03/28/08--01041--003 **297.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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REINSTATEMENT 07-08

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-25-2008