

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000003838 1. Entity Name THE BULLDOGS-A SPECIAL NEEDS ORGANIZATION, INC.						FILED 05 OCT 10 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8333 W. MCNAB RD. STE 127 TAMARAC, FL 33321				Mailing Address 8333 W. MCNAB RD. TAMARAC, FL 33321			
2. Principal Place of Business		3. Mailing Address		 10042005 REIN-NP CR2E099 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 65-0945017				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COHEN, ROBERT H 8333 W. MCNAB RD. STE 127 TAMARAC, FL 33321				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, 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	VPD LEONARDO, MICHELLE C/O 8333 W. MCNAB RD. TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060458500 10/11/05-01002-008 **236.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHN, ROBERT C/O 8333 MCNAB RD. TAMARAC, FL 33321	<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	PD COHEN, SUSAN C/O 8333 W. MCNAB RD. TAMARAC, FL 33321	<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	VD HOOVER, RANDALL C/O 8333 W. MCNAB RD. TAMARAC, FL 33321	<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	SD WINGER, LYNNE B C/O 8333 W. MCNAB RD. TAMARAC, FL 33321	<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	SD HOOVER, AMY B C/O 8333 W. MCNAB RD. TAMARAC, FL 33321	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-5-05 954-722-1511 <small>Date Daytime Phone #</small>			