2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N9900003838 1. Entity Name THE BULLDOGS-A SPECIAL NEEDS ORGANIZATION, INC.						05 (AM 11: 30	
Principal Place 8333 W. MCN STE 127 TAMARAC, FL	IAB RD.	\$	Mailing Address 8333 W. MCNAB RD. TAMARAC, FL 33321		5 E G T 7 A T L T		AND DOI SO HING HING HING HING H		
2. Principal P	lace of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10042005 REII	N-NP	CR2E099 (6/04)	
City & State			City & State			4. FEI Number 65-094501	7		pplied For ot Applicable
Zip			Zip Countr		ntry	5. Certificate of Sta		S8.75 Add	
6. Name and Address of Current Registered Agent					Name	7. Name and Addr	ess of New Re	egistered Agent	
COHEN, ROBERT H 8333 W. MCNAB RD. STE 127					Street Address (P.O. Box Number is Not Acceptable)				
TAMARAC	. FL 3332	21		ļ					
-				-	City			FL Zip Coo	de
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 algosture required when reinstating) DATE									
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50 Make check payable to Florida Department of State									
4.0									
10.		OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICER	RS AND DIRECTORS IN	V 10
TITLE	VPD	<u></u>	RECTORS Delete	11.					
TITLE NAME	LEONAR	DO, MICHELLE		TITLE				RS AND DIRECTORS IN CHANGE TO THE CHANGE TO	
TITLE	LEONARI C/O 8333	<u></u>		TITLE NAME STREE					
TITLE NAME STREET ADDRESS	LEONARI C/O 8333	DO, MICHELLE W. MCNAB RD.		TITLE NAME STREE	T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LEONARI C/O 8333 TAMARAI TD COHN, R	DO, MICHELLE W. MCNAB RD. C, FL 33321 OBERT	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	T ADORESS ST-ZIP			2 - 1008 ***23	µ □ Addition 16.25
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