PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAY -3 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N99000004327

1. Corporation Name
CRIME PREVENTION ALLIANCE OF SOUTH FLORIDA, INC.

2. Principal Office Address	3. Mailing Office Address
7270 NW 12th Street	7270 NW 12th Street
Suite, Apt. #, etc: PH-I	Suite, Apt. #, etc: PH-I
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/13/1999

5. FEI Number — [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SIDNEY Z. BRODIE, ESQ.

REINSTATEMENT 2080-01

Street Address (P.O. Box Number is Not Acceptable): 7270 NW 12th Street

Suite, Apt. #, Etc.: PH-I

City: Miami State: FL Zip Code: 33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: March 26th, 2001
REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	BARBARA E. SANCHEZ	7270 NW 12th Street, PH-I	Miami, Florida 33126
D	LILLIAN RAMOS	7270 NW 12th Street, PH-I	Miami, Florida 33126
D	JEANETTE SAID	7270 NW 12th Street, PH-I	Miami, Florida 33126
D	RAYMOND ADRIAN	7270 NW 12th Street, PH-I	Miami, Florida 33126
D	MADELEINE ORR	7270 NW 12th Street, PH-I	Miami, Florida 33126
SCTY	MARIANA LEMUS	7270 NW 12th Street, PH-I	Miami, Florida 33126

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 3/26/2001 305-298-0889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ADDITIONAL NAME OF OFFICERS AND/OR DIRECTORS

Title	Name of Officers and/or Directors	Address	City/State/Zip
D	Shawn O'Reily	7270 NW 12 Street, Ph-I	Miami, Fl. 33126

END.