PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/072

CORPORATION REINSTATEMENT

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

FILED
01 SEP 25 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076425

1. Corporation Name
Community Developers of South Florida, Inc.

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
13730 State Rd 84	13730 State Road 84
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Davie, FL	City & State: Davie, FL
Zip: 33325 / Country: USA	Zip: 33325 / Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 8/11/2000

5. FEI Number: 65-1040299 — 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: Donald J. Kisslan, Esquire

Street Address (P.O. Box Number is Not Acceptable): 4431 SW 64 Avenue. Suite 119

Suite, Apt. #, Etc.: Suite 119

City: Davie — State: FL — Zip Code: 33314

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: [signature] — Date: 9/24/2001
REGISTERED AGENT MUST SIGN

CR2E081 (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
D	Paul E. Goldstein	13730 State Rd 84, Suite 300	Davie, FL 33325
D	Tony Siravo	13730 State Rd 84, Suite 300	Davie, FL 33325
D	Daniel Guerrieri	13730 State Rd 84 Suite 300	Davie, FL 33325
D	Frank Guerrieri	13730 State Rd 84 Suite 300	Davie, FL 33325
			800004610878--5

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: Paul E. Goldstein, Pres. — 9-24-01 — 954-987-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

CSC

ACCOUNT NO. : 072100000032

REFERENCE : 615481 82170A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 758.75

ORDER DATE : September 25, 2001

ORDER TIME : 11:0 AM

ORDER NO. : 615481-005

CUSTOMER NO: 82170A

CUSTOMER: Donald J. Kisslan, Esq.
Henderson & Kisslan
Suite 119
4431 S.w. 64th Avenue
Davie, FL 33314

DOMESTIC FILINGS

NAME: COMMUNITY DEVELOPERS OF SOUTH FLORIDA, INC.

RECEIVED
01 SEP 25 PM 12:56
DIVISION OF CORPORATION

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea EXT 1114

EXAMINER'S INITIALS _____