

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**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.

*Handwritten initials*

**2. Principal Office Address**

13730 State Rd 84

**3. Mailing Office Address**

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

**REINSTATEMENT 2001**

**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

*Handwritten signature of Donald J. Kisslan*  
REGISTERED AGENT MUST SIGN

Date

9/24/2001

**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

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**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:

*Handwritten signature of Paul E. Goldstein*  
PAUL E. GOLDSTEIN, PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-24-01

Daytime Phone #

854-987-7979

CR2001 (9/00)



282

ACCOUNT NO. : 072100000032

REFERENCE : 615481 82170A

AUTHORIZATION : *Patricia Pizuto*

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.

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 \_\_\_\_\_

RECEIVED  
01 SEP 25 PM 12:56  
DIVISION OF CORPORATION