

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 16 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076425

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

REINSTATEMENT 03-04

2. Principal Office Address  
1304 S.W. 160 Ave.  
Suite, Apt. #, etc.  
224-A

3. Mailing Office Address  
1304 S.W. 160 Ave.  
Suite, Apt. #, etc.  
224-A

City & State  
Sunrise, FL  
Zip  
33326  
Country  
U.S.A.

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Sunrise, FL  
Zip  
33326  
Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida  
9/25/08

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  
Paul E. Goldstein

Street Address (P.O. Box Number is Not Acceptable)  
6900 Taft Street

Suite, Apt. #, Etc.

City  
Hollywood

State  
FL  
Zip Code  
33024

700030571907  
03/16/04 01085 884 \*\*300.00

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  
Paul E. Goldstein  
REGISTERED AGENT MUST SIGN

Date  
1-28-04

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	Goldstein, Paul E.	1304 S.W. 160 Ave. 224A	Sunrise, FL 33024
D	Guerrieri, Daniel	1304 S.W. 160 Ave. 224A	Sunrise, FL 33024
D	Siravo, Anthony	1304 S.W. 160 Ave. 224A	Sunrise, FL 33024
D	Guerrieri, Frank	1304 S.W. 160 Ave. 224A	Sunrise, FL 33024

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: Daniel Guerrieri  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1-28-04 (954) 473-5272  
Daytime Phone #

CR2E081 (01/04)