PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING: THIS FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** 04 MAR 16 AM 8:23 Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASS TE FLORIDA DOCUMENT # P00000016425 1. Corporation Name Community Developers of South Florida, Inc. REMSTATEMENT 03-04 2. Principal Office Address 3. Mailing Office Address 1304 S.W. 160 Ave. 1304 5.W. Suite, Apt. #, etc. 224-A 4. Date incorporated or Qualified To Do Business in Florida 9/25/00 City & State City & State 5. FEI Number Applied For Sunvise Sunrise Not Applicable \$8.75 Additional Fee required for a Certificate of Status 33326 7. Name and Address of Current Registered Agent Goldstein Street Address (P.O. Box Number is Not Acceptable) 700030571907 6900 Suite, Apt. #, Etc. Zip Code State 33024 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) City / State / Zip Officers and/or Directors 1304 C.W. 160 AVE 224A SUNTHE 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04 (954)