

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000048186

1. Entity Name  
FOUNDATION FIRST INC.



FILED

05 FEB 21 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10661 SW 21 STREET  
MIRAMAR, FL 33025

Mailing Address  
10661 SW 21 STREET  
MIRAMAR, FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172005

REIN-P

CR2E098 (6/04)

4. FEI Number  
03-0423510

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIVERPOOL, RUTH  
8528 W OAKLAND PARK BLVD  
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name: *Ruth Liverpool*  
Street Address (P.O. Box Number is Not Acceptable):  
*4974 N. University Dr*  
*Landeshill*  
City: *Landeshill* Zip Code: *33351*  
State: *FL*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE: *Ruth Liverpool*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/05  
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: GREEN, KIMULA ☐ Delete  
STREET ADDRESS: 10661 SW 21 STREET  
CITY-ST-ZIP: MIRAMAR, FL 33025

TITLE: VD  
NAME: GREEN, KEITH ☐ Delete  
STREET ADDRESS: 10661 SW 21 STREET  
CITY-ST-ZIP: MIRAMAR, FL 33025

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 900047788269  
CITY-ST-ZIP: 03/07/05--01018--001 \*\*150.00

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 900047788269  
CITY-ST-ZIP: 03/07/05--01018--002 \*\*150.00

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kimula Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05  
Date

(954) 430-3971  
Daytime Phone #