

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000022433

FILED
Oct 08, 2009
Secretary of State

Entity Name: KENTWOOD AT BROWARD INC.

Current Principal Place of Business:

6210 S. CONGRESS AVE.
LANTANA, FL 33462

New Principal Place of Business:

4650 SW 61ST AVE
DAVIE, FL 33314

Current Mailing Address:

6210 S. CONGRESS AVE.
LANTANA, FL 33462

New Mailing Address:

4650 SW 61ST AVE
DAVIE, FL 33314

FEI Number: 02-0690045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FEIN, GARY D
6210 S. CONGRESS AVE.
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

FEIN, LANCE
4650 SW 61ST AVENUE
DAVIE, FL 33314 US

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.

SIGNATURE: LANCE FEIN

10/08/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMAS, ADRIAN
Address: 200 ORANGE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: FEIN, LANCE
Address: 4650 SW 61ST AVENUE
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: FEIN, GARY D
Address: 6210 SOUTH CONGRESS AVE
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANCE FEIN

D

10/08/2009

Electronic Signature of Signing Officer or Director

Date