2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000078039

Entity Name: LEADERSHIP SOUTH FLORIDA, INC

FILED Apr 05, 2007 Secretary of State

		orm ocommedia, no.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1070 S.W. 55TH AVE MARGATE, FL 33068			2901 S.W. 3RD ST. FORT LAUDERDALE, FL 33312			
Current Mailing Address:			New Maili	New Mailing Address:		
1070 S.W. 55TH AVE MARGATE, FL 33068		US	PO BOX 100872 FORT LAUDERDALE, FL 33310 US			
FEI Number:		FEI Number Applied For (X)	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
WATSON, SONIA T 1070 S.W. 55TH AVE. MARGATE, FL 33068		US	2901 S.W.	BRYAN, NOEL W 2901 S.W. 3RD ST. FORT LAUDERDALE, FL 33312 US		
	named entity of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,		
SIGNATUR	RE: NOEL W	. BRYAN		04/05/2007		
Electronic Signature of Registered Agent			nt	Date		
		93(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BRYAN, NOEL 2901 S.W. 3R		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DAVIDSON, M. 3331 N.W. 86		Title: Name: Address: City-St-Zip:	VP,D (X) Change () Addition DAVIDSON, MARSHA-ANN P 3331 N.W. 86TH AVE. CORAL SPRINGS, FL 33065		
Title: Name: Address: City-St-Zip: Title:	WATSON, SOI 1070 S.W. 55 ⁻ MARGATE, FL	ΓΗ AVE	Title: Name: Address: City-St-Zip: Title:	T,D (X) Change () Addition STEELE, THOMAS M PO BOX 100872 FORT LAUDERDALE, FL 33310 US		
Name: Address:	BRYAN, HAZE 2901 S.W. 3R	ĹE	Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: NOEL W. BRYAN P.D 04/05/2007

FORT LAUDERDALE, FL 33312 US

City-St-Zip: