

88.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 29 PM 2:43
DIVISION OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000093869
1. Corporation Name
NEW GENERATION COMMUNITY DEVELOPERS, INC.

2. Principal Office Address - No P.O. Box #
2879 W SUNRISE BLVD
Suite, Apt. #, etc.
City & State
FORT LAUDERDALE, FLORIDA
Zip
33311
Country
USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 7/14/2006
5. FEI Number 84-1716352 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (1/07)

7. Name and Address of Current Registered Agent
Name
LAW OFFICES OF PHILLIPSMATHIS, LLC.
Street Address (P.O. Box Number is Not Acceptable)
2879 W SUNRISE BLVD
Suite, Apt. #, Etc.
City
FORT LAUDERDALE
State
FL
Zip Code
33311

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]* Date 9/18/07
REGISTERED AGENT MUST SIGN

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
P,TR	BELINDA A. KNOWLES	2879 W SUNRISE BLVD	FT LAUDERDALE/FL/33311
VP,S	JEFFREY EUBANKS	2879 W SUNRISE BLVE	FT LAUDERDALE/FL/33311

REINSTATEMENT 07
\$10/31

700109933537
09/26/07--01011--020 **70.00
700109933537
11/06/07--01053--004 **177.50

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 contained in Chapter 119, 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: *Belinda Knowles* BELINDA A. KNOWLES 9-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #