

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

SECRETARY 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 &amp; State

FORT LAUDERDALE, FLORIDA

Zip

33311

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City &amp; State

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

7/14/2006

5. FEI Number

84-1716352

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

LAW OFFICES OF PHILLIPSMATHIS, LLC.

2879 W SUNRISE BLVD

Suite, Apt. #, Etc.

FORT LAUDERDALE

State  
FLZip 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

REGISTERED AGENT MUST SIGN

Date

9/18/07

## 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

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\$10/31700109933537  
09/26/07--01011--020 \*\*70.00700109933537  
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 #