

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000001174

1. Entity Name
POMPANO BEACH DEVELOPMENT CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 AM 8:44

REINSTATEMENT 04-05

Principal Place of Business
600 WEST PEACHTREE STREET
SUITE 1200
ATLANTA, GA 30308

Mailing Address
C/O G. MAYNARD-
600 WEST PEACHTREE STREET SUITE 1200
ATLANTA, GA 30308

2. Principal Place of Business

4001 Presidential Pkwy
Suite, Apt. #, etc
51512

3. Mailing Address

4001 Presidential Pkwy
Suite, Apt. #, etc
51512

City & State

Atlanta GA

City & State

Atlanta GA

Zip

30340

Country

DeKalb

Zip

30340

Country

DeKalb

01182005

REIN-P

CR2E098 (6/04)

4. FEI Number

58-2616103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, MARK L
18250 NW 2ND AVENUE
SUITE C
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/29/05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HAMMOND, GLORIA
STREET ADDRESS 600 W. PEACHTREE CENTER - 1200
CITY-ST-ZIP ATLANTA, GA 30308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres
NAME Gloria Hammond
STREET ADDRESS 4001 Presidential Pkwy #1512
CITY-ST-ZIP Atlanta GA 30340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/05 6785971300

\$908.75