
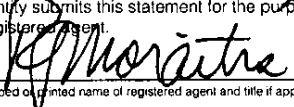
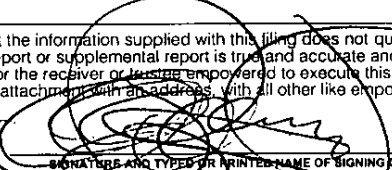


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 30 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000012793</b> 1. Entity Name <b>C.H.A.D. ENTERPRISES OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>5100 N FEDERAL HWY # 300 FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>5100 N FEDERAL HWY # 300 FORT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business - No P.O. Box # <b>1030 NE 28th Terrace</b> Suite, Apt. #, etc.		3. Mailing Address <b>1030 NE 28th Terrace</b> Suite, Apt. #, etc.			
City & State <b>Pompano Beach Florida</b>		City & State <b>Pompano Beach Florida</b>		4. FEI Number <b>65-0483529</b>	
Zip <b>33062</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RANEY, A.E. 5100 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name <b>Robert J. Moraitis, Esquire</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1310 Southeast Third Avenue</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33316</b>	
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  DATE <b>11/20/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2008, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD RANEY, A.E. <del>5100 N FEDERAL HWY 300</del> <b>1030 NE 28th Terrace</b> <del>Fort Lauderdale, FL 33308</del> <b>Pompano Beach Florida 33062</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Raney, A.E. 1030 NE 28th Terrace Pompano Beach, Florida 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAICHE, JOANN 5100 N. FEDERAL HWY FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900112715919</b> <b>11/30/07--01007--018 **750.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			11-20-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

11/30/07