

The Seal of the State of Florida is a circular emblem. It features a central shield with a palm tree, a sun, and a river. The shield is surrounded by a wreath. The outer border of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

01 OCT 18 PM 4: 59

**1. Corporation Name**

Principal Place of Business

**Mailing Address**

3041 W. MCNAB RD.  
POMPANO BEACH FL 33069  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable  
6290 NW 27TH WAY

Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL

Zip 33309	Country USA
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11/15/1991

65-0297121

Applied For

**Not Applicable**

6. **CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	SMITH, C. LEO	<del>8041 W MCNAB RD</del> 6290 NW 27TH WAY	<del>POMPANO BEACH FL 33069</del> FORT LAUDERDALE, FL 33309
VP	CONCHA, PILAR	<del>3041 W. MCNAB RD.</del> 6290 NW 27TH WAY	<del>POMPANO BEACH FL 33069</del> FORT LAUDERDALE, FL 33305
			200004662882--0 -11/01/01--01054--009
			****750.00 ****750.00

**8. Name and Address of Current Registered Agent**

SMITH, C. LEO  
3041 W. MCNAB RD.  
POMPANO BEACH FL 33069

**9. Name and Address of New Registered Agent**

Name \_\_\_\_\_

C. LEO SMITH

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

6290 NW 27TH WAY

Suite, Apt. #, Etc.

City

FOOT LAUDERDALE

State

FL

Zip Code

33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

10-17-01

1. 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 under section 119.07(3)(i), 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:**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E040 (8/01)