

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 20, 2004  
Secretary of State**

DOCUMENT# N03000004878

Entity Name: 100% ARLINE COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

17650 NW 40TH AVENUE  
MIAMI, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

17650 NW 40TH AVENUE  
MIAMI, FL 33055

**New Mailing Address:**

FEI Number: 65-0959784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KNIGHTS, EDDISON J  
17650 NW 40TH AVENUE  
MIAMI, FL 33055      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KNIGHTS, EDDISON J  
Address: 17650 NW 40TH AVENUE  
City-St-Zip: MIAMI, FL 33055

Title: D      ( ) Delete  
Name: KNIGHTS, SHERIAL A  
Address: 17650 NW 40TH AVENUE  
City-St-Zip: MIAMI, FL 33055

Title: D      ( ) Delete  
Name: KNIGHTS, DENISHA S  
Address: 17650 NW 40TH AVENUE  
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDISON KNIGHTS

D

10/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date