


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000004878 1. Entity Name 100% ARLINE COMMUNITY DEVELOPMENT, INC.			FILED 06 MAY 16 PM 3:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 17650 NW 40TH AVENUE MIAMI, FL 33055		Mailing Address 17650 NW 40TH AVENUE MIAMI, FL 33055	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P O Box 246326 Suite, Apt. #, etc.	
City & State		City & State Pembroke Pines, FL	
Zip	Country	Zip 33024	Country US
6. Name and Address of Current Registered Agent KNIGHTS, EDDISON J 17650 NW 40TH AVENUE MIAMI, FL 33055		7. Name and Address of New Registered Agent Name: <u>Sherial Knights</u> Street Address (P.O. Box Number is Not Acceptable) <u>17650 NW 40th Ave</u> City: <u>Miami</u> FL Zip Code: <u>33055</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>5/9/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHTS, EDDISON J 17650 NW 40TH AVENUE MIAMI, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 500076204825 06/14/06--01042--011 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHTS, SHERIAL A 17650 NW 40TH AVENUE MIAMI, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHTS, DENISHA S 17650 NW 40TH AVENUE MIAMI, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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 617, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>5/9/06</u> 3056204522 <small>Date Daytime Phone #</small>	

[Handwritten Signature]

REINSTATEMENT 05-06