

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001098

FILED  
Nov 17, 2009  
Secretary of State

Entity Name: GOD FILLED DAYS MINISTRIES, INC.

**Current Principal Place of Business:**

14071 SW54 STREET  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

14071 SW 54 TH STREET  
MIRAMAR, FL 33027

**New Mailing Address:**

14071 SW54 STREET  
MIRAMAR, FL 33027

FEI Number: 65-1076068      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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: NATALIA UTRERA, VICE-PRESIDENT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ROLLE, LAVANCES  
Address: 14071 SW 54TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: SVD      ( ) Delete  
Name: ROLLE, LAVANCES  
Address: 14071 SW 54TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: TD      ( ) Delete  
Name: WRIGHT, ROSA  
Address: 1001 N.W. 85 TH STREET  
City-St-Zip: MIAMI, FL 33150

**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 exemption stated 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 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: LAVANCES ROLLE

PD

11/17/2009

Electronic Signature of Signing Officer or Director

Date