

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Apr 17, 2006  
Secretary of State

DOCUMENT# N02000005943

Entity Name: HIGHERLOVE MISSION OUTREACH, INC.

**Current Principal Place of Business:**

P.O. BOX 510536  
MARATHON, FL 33050

**New Principal Place of Business:**

1669 OVERSEAS HWY  
MARATHON, FL 33050

**Current Mailing Address:**

P.O. BOX 510536  
MARATHON, FL 33050

**New Mailing Address:**

1669 OVERSEAS HWY  
MARATHON, FL 33050

FEI Number: 81-0571645      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:**

CHRISTOPHER B. WALDERA, P.A.  
11300 OVERSEAS HIGHWAY  
MARATHON, FL 33050      US

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

SETMAYER, TARA O  
315 ANGLERS DRIVE N  
MARATHON, FL 33050      US

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: TARA SETMAYER

04/17/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MALETIC, DEBORAH  
Address: 6099 OVERSEAS HIGHWAY #7W  
City-St-Zip: MARATHON, FL 33050

Title: SD      ( ) Delete  
Name: SETMAYER, TARA  
Address: 315 ANGLERS DRIVE NORTH  
City-St-Zip: MARATHON, FL 33050

Title: D      ( ) Delete  
Name: MEIER, FERNANDA  
Address: 114 GERALDINE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D      ( ) Delete  
Name: CUBANO, JULIO  
Address: 10820 5TH AVENUE GULF  
City-St-Zip: MARATHON, FL 33050

Title: D      ( ) Delete  
Name: GOMEZ, ILEANA  
Address: 20 NORTH STREET  
City-St-Zip: ELWOOD PARK, NJ 07015

Title: D      ( ) Delete  
Name: DEVOS, HILDA  
Address: 1669 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

**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:

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 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: TARA SETMAYER

SD

04/17/2006

Electronic Signature of Signing Officer or Director

Date