

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002042

FILED
Oct 02, 2007
Secretary of State

Entity Name: TREASURE COAST IMMIGRANT LEGAL SERVICES INC.

Current Principal Place of Business:

215 N 2ND STREET
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

215 N 2ND STREET
FT PIERCE, FL 34950

New Mailing Address:

2655 LE JEUNE ROAD
1001
CORAL GABLES, FL 33134

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MACDONNELL, ROWAN
5450 NW 107 AVE #712
MIAMI, FL 33178 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: MACDONNELL ROWAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOFIN, GLORIA R
Address: 2655 LE JEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BODIN, ERIC A
Address: 2655 LEJEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BENITEZ, JACKIE
Address: 15464 SW 171 ST
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BODIN, GLORIA R
Address: 2655 LE JEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

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: BODIN GLORIA

D

10/02/2007

Electronic Signature of Signing Officer or Director

Date