

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000008460

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** BERTHEL KIDS FOUNDATION, INC.

**Current Principal Place of Business:**

5290 NW 88 AVE UNIT E-206  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

1516 SW 5 PLACE SUITE 3  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

5290 NW 88 AVE UNIT E-206  
LAUDERHILL, FL 33351

**New Mailing Address:**

1516 SW 5 PLACE SUITE 3  
FORT LAUDERDALE, FL 33312

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

ANGLADE, ENEL  
5290 NW 88 AVE UNIT E-206  
LAUDERHILL, FL 33351    US

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

ANGLADE, ENEL  
1516 SW 5 PLACE SUITE 3  
FORT LAUDERDALE, FL 33312    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: ENEL ANGLADE

04/29/2011

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: PIERRE, GHISLAINE  
Address: 5290 NW 88 AVE UNIT E-206  
City-St-Zip: LAUDERHILL, FL 33351

Title: DVC  
Name: INNOCENT, LAMARTINE  
Address: 5290 NW 88 AVE UNIT E-206  
City-St-Zip: LAUDERHILL, FL 33351

Title: DT  
Name: PHILLIPE, MADSEN J  
Address: 5290 NW 88 AVE UNIT E-206  
City-St-Zip: LAUDERHILL, FL 33351

Title: DS  
Name: CRISPIN, MARIE G  
Address: 5290 NW 88 AVE UNIT E-206  
City-St-Zip: LAUDERHILL, FL 33351

Title: D  
Name: PIERRE, GINIA  
Address: 5290 NW 88 AVE UNIT E-206  
City-St-Zip: LAUDERHILL, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: GISLAINE PIERRE

DC

04/29/2011

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

\_\_\_\_\_  
Date