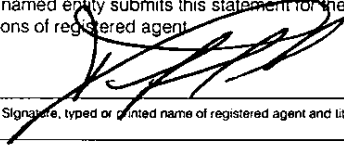
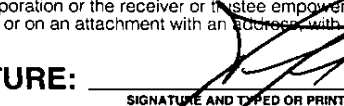


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000003233					
1. Entity Name EVANGELICAL CHRISTIAN HUMANITARIAN OUTREACH FOR CUBA, INC.					
Principal Place of Business 12425 SW 88TH COURT MIAMI, FL 33176			Mailing Address P O BOX 561954 MIAMI, FL 33256		
2. Principal Place of Business P.O. BOX 546135		3. Mailing Address P.O. BOX 546135			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33154	Country USA	Zip 33154	Country USA		4. FEI Number 65-0510432
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BABUN, TEO A JR. 12425 SW 88TH COURT MIAMI, FL 33256			7. Name and Address of New Registered Agent Name BABUN, TEO A JR. Street Address (P.O. Box Number is Not Acceptable) 9455 Collins Ave Unit 808 City Surfside FL Zip Code 33154		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 8/18/05	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P/D	NAME BABUN, TEO A JR.		TITLE P/D	NAME BABUN, TEO A JR.	
STREET ADDRESS 12425 SW 88TH COURT	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS P.O. BOX 546135	CITY-ST-ZIP MIAMI, FL 33154	
☐ Delete			☒ Change ☐ Addition		
TITLE TSD	NAME ALLCORN, FRANK		TITLE TSD	NAME ALLCORN, FRANK	
STREET ADDRESS 12425 SW 88TH COURT	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS P.O. BOX 546135	CITY-ST-ZIP MIAMI, FL 33154	
☐ Delete			☒ Change ☐ Addition		
TITLE VP/D	NAME SMITH, KENNETH DR.		TITLE VP/D	NAME SMITH, KENNETH DR.	
STREET ADDRESS 12425 SW 88TH COURT	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS P.O. BOX 546135	CITY-ST-ZIP MIAMI, FL 33154	
☐ Delete			☒ Change ☐ Addition		
TITLE C	NAME HEGEMAN, NEAL REV		TITLE C	NAME HEGEMAN, NEAL REV	
STREET ADDRESS 12425 SW 88TH COURT	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS P.O. BOX 546135	CITY-ST-ZIP MIAMI, FL 33154	
☐ Delete			☒ Change ☐ Addition		
TITLE VPD	NAME PEAROLT, RICHARD A		TITLE VPD	NAME DEAROLF, RICHARD A	
STREET ADDRESS 12425 SW 88TH COURT	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS P.O. BOX 546135	CITY-ST-ZIP MIAMI, FL 33154	
☐ Delete			☒ Change ☐ Addition		
TITLE D	NAME BETUS, DAVIDS DR		TITLE D	NAME BETUS, DAVIDS DR	
STREET ADDRESS 12425 SW 88TH COURT	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS P.O. BOX 546135	CITY-ST-ZIP MIAMI, FL 33154	
☐ Delete			☒ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			Date 8/18/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 786-546-0929		

FILED
05 AUG 31 PM 4:47

MIAMI, FLORIDA



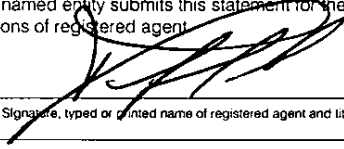
08162005 REIN-NP CR2E099 (6/04)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name **BABUN, TEO A JR.**
Street Address (P.O. Box Number is Not Acceptable)
9455 Collins Ave Unit 808
City **Surfside** **FL** Zip Code **33154**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D	☐ Delete
NAME	BABUN, TEO A JR.	
STREET ADDRESS	12425 SW 88TH COURT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	TSD	☐ Delete
NAME	ALLCORN, FRANK	
STREET ADDRESS	12425 SW 88TH COURT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VP/D	☐ Delete
NAME	SMITH, KENNETH DR.	
STREET ADDRESS	12425 SW 88TH COURT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	C	☐ Delete
NAME	HEGEMAN, NEAL REV	
STREET ADDRESS	12425 SW 88TH COURT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VPD	☐ Delete
NAME	PEAROLT, RICHARD A	
STREET ADDRESS	12425 SW 88TH COURT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	☐ Delete
NAME	BETUS, DAVIDS DR	
STREET ADDRESS	12425 SW 88TH COURT	
CITY-ST-ZIP	MIAMI, FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	☒ Change ☐ Addition
NAME	BABUN, TEO A JR.	
STREET ADDRESS	P.O. BOX 546135	
CITY-ST-ZIP	MIAMI, FL 33154	
TITLE	TSD	☒ Change ☐ Addition
NAME	ALLCORN, FRANK	
STREET ADDRESS	P.O. BOX 546135	
CITY-ST-ZIP	MIAMI, FL 33154	
TITLE	VP/D	☒ Change ☐ Addition
NAME	SMITH, KENNETH DR.	
STREET ADDRESS	P.O. BOX 546135	
CITY-ST-ZIP	MIAMI, FL 33154	
TITLE	C	☒ Change ☐ Addition
NAME	HEGEMAN, NEAL REV	
STREET ADDRESS	P.O. BOX 546135	
CITY-ST-ZIP	MIAMI, FL 33154	
TITLE	VPD	☒ Change ☐ Addition
NAME	DEAROLF, RICHARD A	
STREET ADDRESS	P.O. BOX 546135	
CITY-ST-ZIP	MIAMI, FL 33154	
TITLE	D	☒ Change ☐ Addition
NAME	BETUS, DAVIDS DR	
STREET ADDRESS	P.O. BOX 546135	
CITY-ST-ZIP	MIAMI, FL 33154	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #