2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2005
Secretary of State

DOCUMENT# N01000005222

Entity Name: BET-EL-MANA, INC.

Current Principal Place of Business:

27330 SW 167TH AVE
MIAMI, FL 33031

New Principal Place of Business:

Current Mailing Address:

27330 SW 167TH AVE
MIAMI, FL 33031

New Mailing Address:

FEI Number: 65-1142417 **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:

JOSEFA & FELIX GONZALEZ
27330 SW 167TH AVE
MIAMI, FL 33031 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: JOSEFA GONZALEZ
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GONZALEZ, JOSEFA
Address: 27330 SW 169 AVE
City-St-Zip: MIAMI, FL 33031

Title: D ( ) Delete
Name: GONZALEZ, FELIX
Address: 27330 SW 169 AVE
City-St-Zip: MIAMI, FL 33031

Title: T ( ) Delete
Name: ALICEA, WALDOMAR
Address: 27330 SW 169 AVE
City-St-Zip: MIAMI, FL 33031

Title: T ( ) Delete
Name: LOMBANA, ANDREA
Address: 27330 SW 169 AVE
City-St-Zip: MIAMI, FL 33031

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEFA GONZALEZ D 10/08/2005
Electronic Signature of Signing Officer or Director — Date