

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007440

**Entity Name:** RESTORATION LIFE EMPOWERMENT CENTER INC.

**Current Principal Place of Business:**

16311 E BUNCHE PACK  
MIAMI, FL 33054

**Current Mailing Address:**

16311 E BUNCHE PACK  
MIAMI, FL 33054 US

**FEI Number:** 14-1695594

**Certificate of Status Desired:** Yes

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

LEE, KEVIN  
3452 FOXCROFT ROAD  
BLDG.#11, APT.#103  
MIRAMAR, FL 33025 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:** KEVINLEE

04/28/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	T
Name	LEE, KEVIN	Name	MAXWELL, WILLIE
Address	3452 FOXCROFT ROAD	Address	6900 NW 28 AVENUE
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIAMI FL 33147

*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:** KEVIN LEE

P

04/28/2018

Electronic Signature of Signing Officer/Director Detail

Date