

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000005063 1. Entity Name AMEN-AMEN, INC.				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">06 DEC 11 AM 8:22</div> <div style="font-size: 12px;"> SECRETARY OF STATE TALLAHASSEE, FLORIDA TEL: 904.244.3209 12/11/06--01059--003 **\$1.25 </div>	
Principal Place of Business 16 GAY HEAD STREET JAMAICA PLAIN, MA 02130		Mailing Address 16 GAY HEAD STREET JAMAICA PLAIN, MA 02130		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 12px;"> 12082006 REINSTATEMENT OF 2006 (1105) </div>	
2. Principal Place of Business 76 Cross ST. Suite, Apt. #, etc. 2nd fl.		3. Mailing Address 9410 W. Flagler ST. Suite, Apt. #, etc. 311			
City & State Malden MA		City & State Miami, FL			
Zip 02148		Country USA			
4. FET Number 04-3540537		Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PANIAGUA, CARMEN I 313 SW 25TH AVE MIAMI, FL 33135				7. Name and Address of New Registered Agent Name CARMEN I. PANIAGUA Street Address (P.O. Box Number is Not Acceptable) 9410 W. Flagler ST, Ste. 311 City Miami FL Zip Code 33174	
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 <u><i>Carmen I. Paniagua</i></u> CARMEN I. PANIAGUA 12/8/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		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 C NAME FIGUEROA, DAVID A <input type="checkbox"/> Delete STREET ADDRESS 313 SW 25TH AVENUE CITY-ST-ZIP MIAMI, FL 33135	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DAVID A. FIGUEROA STREET ADDRESS 9410 W. Flagler ST, # 311 CITY-ST-ZIP Miami, FL 33174				
TITLE VCP <input checked="" type="checkbox"/> Delete NAME VILLAFANE, ELDIN STREET ADDRESS 38 C BURROUGHS ST. CITY-ST-ZIP JAMAICA PLAIN, MA 02130	TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CARMEN I. PANIAGUA STREET ADDRESS 9410 W. Flagler ST. # 311 CITY-ST-ZIP Miami, FL 33174				
TITLE DST <input type="checkbox"/> Delete NAME PANIAGUA, CARMEN I STREET ADDRESS 313 SW 25TH AVENUE CITY-ST-ZIP MIAMI, FL 33135	TITLE CLERK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CARMEN I. PANIAGUA STREET ADDRESS 9410 W. Flagler ST, # 311 CITY-ST-ZIP Miami, FL 33174				
TITLE D <input checked="" type="checkbox"/> Delete NAME MARCILLO, C. DAVID STREET ADDRESS 16 GAY HEAD STREET CITY-ST-ZIP JAMAICA PLAIN, MA 02130	TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DAVID A. FIGUEROA STREET ADDRESS 9410 W. Flagler ST, # 311 CITY-ST-ZIP Miami, FL 33174				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 	TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CARMEN I. PANIAGUA STREET ADDRESS 9410 W. Flagler ST, # 311 CITY-ST-ZIP Miami, FL 33174				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Carmen I. Paniagua</i></u> CARMEN I. PANIAGUA 12/8/06 (305) 553-2581 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

G. Mitchell DEC 11 2006