

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jan 12, 2009  
Secretary of State**

DOCUMENT# N00000000019

Entity Name: NEW FELLOWSHIP DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

241 OPA LOCKA BLVD.  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

241 OPA LOCKA BLVD.  
MIAMI, FL 33054

**New Mailing Address:**

FEI Number: 65-0997146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

LARKIN, JIMMYE F  
241 OPA LOCKA BLVD.  
MIAMI, FL 33054      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: JIMMYE LARKIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LARKIN, JIMMYE F  
Address: 2011 N.W. 151ST ST.  
City-St-Zip: MIAMI, FL 33054

Title: SD ( ) Delete  
Name: FINCH, JACQUELYN J  
Address: 4100 NW 191 ST.  
City-St-Zip: CAROL CITY, FL 33055

Title: TD ( ) Delete  
Name: LARKIN, DERRICK  
Address: 12038 NW 152 ST.  
City-St-Zip: OPA LOCKA, FL 33054

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JIMMYE LARKIN

Electronic Signature of Signing Officer or Director

PD

01/12/2009

Date