2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007231

FILED Oct 09, 2009 Secretary of State

Entity Name: MY REFUGE CHILDREN'S SHELTER, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2330 AURC MELBOURI	NE, FL 32935					
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 362342 MELBOURNE, FL 329362342						
FEI Number:	59-3659008	FEI Number Applied For ()	FEI Number Not Appl	icable () Certifica	te of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
FRAHM, RI 2330 AURC MELBOURI		US				
The above in the State		bmits this statement for the p	urpose of changing i	ts registered office or r	egistered agent, or both,	
SIGNATUR	E: RICHARD I					
	Electronic	Signature of Registered Age	nt		Date	
OFFICERS	AND DIRECTO	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D FRAHM, RICHARI P.O. BOX 362342 MELBOURNE, FL	O H ?	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	TD () D FRAHM, CAROLIN P.O. BOX 362342 MELBOURNE, FL	NE O	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	VD () D SAUER, LESTER P.O. BOX 362342 MELBOURNE, FL	2	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	D () D STINNETT, CRYS P.O. BOX 362342 MELBOURNE, FL	TAL ?	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	()D	elete	Title: Name: Address: City-St-Zip:	D () Change COLON, JACKIE P.O. BOX 362342 MELBOURNE, FL 32936		

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: RICHARD H. FRAHM PD 10/09/2009