2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 11, 2009
Secretary of State

DOCUMENT# N01000001205

Entity Name: ESTHER'S GROUP HOME CORPORATION

Current Principal Place of Business:

20115 N.E. 20TH AVE
N. MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

20115 N.E. 20TH AVE
N. MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 65-1090901 **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:

DELVA, ESTHER
20115 N.E. 20TH AVE
N. MIAMI BEACH, FL 33179 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: ESTHER DELVA
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: FRAZIL, MYRIAM
Address: 170 NE 163 STREET
City-St-Zip: N MIAMI, FL 33162

Title: P ( ) Delete
Name: DELVA, ESTHER
Address: 88 NW 144 STREET
City-St-Zip: N MIAMI, FL 33168

Title: VP ( ) Delete
Name: BEAUZIL, EMMANUEL
Address: 20115 HIGHLAND LAKES BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: JT.S ( ) Delete
Name: WILSON, GWENDOLYN
Address: 20115 HIGHLAND LAKES BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: MANASSE, ARAMAND
Address: 20115 HIGHLAND LAKES BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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: ESTHER DELVA P 11/11/2009
Electronic Signature of Signing Officer or Director — Date