

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 AM 10:05

DOCUMENT # N01000002974 1. Entity Name SOUTH FLORIDA LAY CISTERCIANS, INC.					
Principal Place of Business 2300 S.W. 21ST WAY BOYNTON BEACH, FL 33426		Mailing Address 2300 S.W. 21ST WAY BOYNTON BEACH, FL 33426			
2. Principal Place of Business - No P.O. Box # 403 County Rd. 720 Suite, Apt. #, etc. Clewiston fl.		3. Mailing Address 403 County Rd Suite, Apt. #, etc. Clewiston FL.			
City & State City & State		City & State City & State		05072009 REIN-NP CR2E099 (1/07)	
Zip 33440		Country USA		4. FEI Number 65-1092484	
6. Name and Address of Current Registered Agent MCALPINE, CECILE 9451 NW 40 STREET CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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>Cecile H. McAlpine</u> <small>Signature, typed or printed name of registered agent and title (if applicable)</small>				DATE: <u>5/20/09</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLSON, TERRY 2300 S.W. 21ST WAY BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOAN HUGHES 2963 SW WAMARIPOSA CIRCLE PALM CITY FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDREANA, DAN 10777 W. SAMPLE ROAD, APT 1108 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700156511707 05/28/09--01017--023 **61.25 04/28/08-90409-050 *61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANK, LILLIAN SR. 403 COUNTY RD. 720 CLEWISTON, FL 33440	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALPINE, CECILE 9451 N.W. 40 STREET CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAULLE, DORIS 8078 DUOMO CIRCLE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Cecile H. McAlpine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>5/20/09</u> <small>Date Daytime Phone #</small>	

REINSTATEMENT 08-09 KS

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772-6418 M 954-753-4793