2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000003286

Entity Name: EGUSE BAPTISTE DE BEREE INC.

FILED Oct 22, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12546 N.V MIAMI, FL	V. 7TH AVENU 33168	E			
Current Mailing Address:			New Mailing Address:		
1120 NW MIAMI, FL					
FEI Number	: 22-3856528	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	f New Registered Agent:	
FILSAIME, 1120 N 14 MIAMI, FL		TOR			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () FILS AIME, WIS 1120 N W 141S MIAMI, FL 331	T STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () FILS AIME, MAI 1120 N W 141S MIAMI, FL 331	T STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () DELIARD, JEAN 845 N W 103RD MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GERMAIN, PAT 310 N E 164TH MIAMI, FL 3316	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ATD ()	Delete CTOR	Title: Name	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: FILS-AIME WISNEL PD 10/22/2004

17101 NE 14 AVE # 3 NORTH

MIAMI, FL 33162

Address: City-St-Zip: