2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 05, 2009
Secretary of State

DOCUMENT# N01000006686

Entity Name: EVANGELICAL MISSION AND SOCIAL DEVELOPMENT, INC.

Current Principal Place of Business:

1120 NE 202 STREET
N MIAMI BCH, FL 331792623

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5174
HOLLYWOOD, FL 33083

New Mailing Address:

FEI Number: 65-1127644 **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:

GUILLAUME, TOURISS
1120 NE 202 ST
N MIAMI BCH, FL 331792623 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: TOURISS GUILLAUME
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GUILLAUME, TOURISS
Address: 1120 NE 202 STREET
City-St-Zip: N. MIAMI, FL 33179

Title: VPD ( ) Delete
Name: LAFLEUR, WILLY
Address: 1872 NE 198 TERR
City-St-Zip: N MIAMI BCH, FL 331792623

Title: SD ( ) Delete
Name: PINCHINAT, FRANTZ
Address: 7857 SW 3 RD STREET
City-St-Zip: N LAUDERDALE, FL 33068

Title: TD ( ) Delete
Name: PINCHINAT, JOSETTE
Address: 7857 SW RD STREET
City-St-Zip: N LAUDERDALE, FL 33068

Title: CD ( ) Delete
Name: CESAR, VIOLETTE
Address: 8424 NW 2 AVENUE
City-St-Zip: MIAMI, FL 33150

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: ( ) 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: TOURISS GUILLAUME PD 11/05/2009
Electronic Signature of Signing Officer or Director — Date