# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 26, 2006**
**Secretary of State**

DOCUMENT# N01000007661

**Entity Name:** THREE LITTLE FLOWERS CENTER, INC.

**Current Principal Place of Business:**

PO BOX 82 1031
PEMBROKE PINES, FL 330821031

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 82 1031
PEMBROKE PINES, FL 330821031

**New Mailing Address:**

**FEI Number: 65-1148956** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**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:**

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

JEAN-LOUIS, WILHEL ATD
17039 NW 19 ST.
PEMBROKE PINES, FL 33028 US

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: WILHEL R. JEAN-LOUIS 10/26/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: GUERRIER, NANCY
Address: 720 SW 93 RD AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: SD ( ) Delete
Name: JEAN-LOUIS, JEANINE
Address: 5411 SW 149TH PLACE
City-St-Zip: MIAMI, FL 33185

Title: ATD ( ) Delete
Name: JEAN-LOUIS, WILHEL
Address: 17039 NW 19 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD ( ) Delete
Name: BENJAMIN, GUILHENE
Address: 18691 SW 41 ST.
City-St-Zip: MIRAMAR, FL 33029

Title: VPD ( ) Delete
Name: DEGAND, YVES
Address: 16362 SW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33029

**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 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: WILHEL JEAN-LOUIS ATD 10/26/2006
Electronic Signature of Signing Officer or Director Date