2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 01, 2007
Secretary of State

DOCUMENT# N01000008669

Entity Name: FLORIDA SONRISE EMMAUS, INC.

Current Principal Place of Business:

27 BROOK CREST WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

27 BROOK CREST WAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 10-0000866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK, HARRY
27 BROOK CREST WAY
ORMOND BEACH, FL 32174 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: HARRY H. BLACK

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: BLACK, HARRY
Address: 27 BROOK CREST WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: DC ( ) Delete
Name: MCELVEEN, SHERRY K
Address: 1541 OAK FOREST DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DT ( ) Delete
Name: HOYT, JACK
Address: 416 B BANANA CAT DRIVE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete
Name: BROWN, DAVID A
Address: 201 WINDWARD CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete
Name: KING, CHRISTINE M
Address: 343 APACHE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: LESTER, SID
Address: 38 RIVOCEAN DR.
City-St-Zip: ORMOND BEACH, FL 32174

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:

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: HARRY H. BLACK DIR 03/01/2007

Electronic Signature of Signing Officer or Director — Date