

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003106

FILED
Oct 23, 2008
Secretary of State

Entity Name: RESTORATION COUNSELING MINISTRIES, INC.

Current Principal Place of Business:

5401 S. KIRKMAN ROAD
STE 310
ORLANDO, FL 32819

New Principal Place of Business:

282 SEABREEZE CIRCLE
JUPITER, FL 33477

Current Mailing Address:

5401 S. KIRKMAN ROAD
SUITE 310
ORLANDO, FL 32819

New Mailing Address:

282 SEABREEZE CIRCLE
JUPITER, FL 33477

FEI Number: 01-0675891 **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:

MARIADES, PETER C REV
3526 MOLONA DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

MARIADES, PETER C REV
282 SEABREEZE CIRCLE
JUPITER, FL 33477 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: REV. PETER C. MARIADES

10/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MARIADES, HELENA M REV
Address: 3526 MOLONA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: KRAMER, ALMA
Address: 3808 BOTTICELLI STREET
City-St-Zip: LAKE OSWEGO, OR 97035

Title: DVP () Delete
Name: MARIADES, PETER C REV
Address: 3526 MOLONA DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MARIADES, HELENA M REV
Address: 282 SEABREEZE CIRCLE
City-St-Zip: JUPITER, FL 33477

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MARIADES, PETER C REV
Address: 282 SEABREEZE CIRCLE
City-St-Zip: JUPITER, FL 33477

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: HELENA M. MARIADES

REV.

10/23/2008

Electronic Signature of Signing Officer or Director

Date