

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000003450

1. Entity Name
KARDECIAN STUDY SOCIETY OF FLORIDA, INC.



FILED

2008 MAR -5 AM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
238 N W 12 AVE
DEERFIELD BEACH, FL 33442

Mailing Address
238 N W 12 AVE
DEERFIELD BEACH, FL 33442

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



02212008 REIN:NP GR2E099 (1/07) 07-08

4. FEI Number
03-0437640

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDES, RAMATIS
238 N W 12 AVE
DEERFIELD BEACH, FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/21/08

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
FERNANDES, RAMATIS
1920-K LINTON LAKE DR.
DEERFIELD BEACH, FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800120747068
03/19/08--01035--018 **297.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
DA SILVA, JOSE
23395 CAROLWOOD LANE 4204
BOCA RATON, FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
ROMANO, GERALDO
7525 NW 61 TERRACE - UNIT 2902
POMPANO BEACH, FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/08 (561)239-9668

Date Daytime Phone #