


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000003450 1. Entity Name KARDECIAN STUDY SOCIETY OF FLORIDA, INC.	
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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
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REINSTATEMENT 07-08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

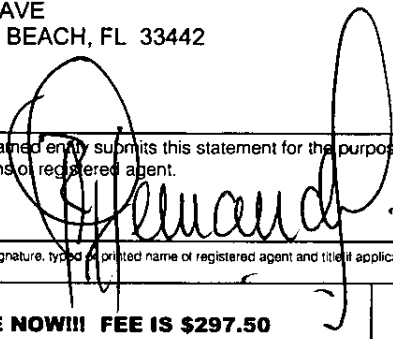
4. FEI Number 03-0437640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERNANDES, RAMATIS 238 N W 12 AVE DEERFIELD BEACH, FL 33442
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

02/21/08

SIGNATURE:  DATE

(NOTE: Registered Agent signature required when reinstating)

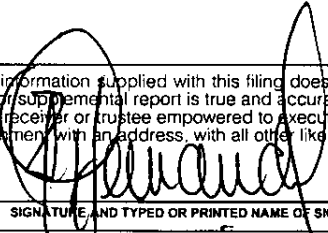
FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete FERNANDES, RAMATIS 1920-K LINTON LAKE DR. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input type="checkbox"/> Delete DA SILVA, JOSE 23395 CAROLWOOD LANE 4204 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete ROMANO, GERALDO 7525 NW 61 TERRACE - UNIT 2902 POMPANO BEACH, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em; font-weight: bold;">800120747068</div> 03/19/08--01035--018 **297.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 02/21/08 (561)239-9668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR