

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAR 17 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122008 REIN-NP CR2E099 (1/07)

DOCUMENT # N02000008816	
1. Entity Name MOMS REMEMBERED, INC.	



Principal Place of Business 5422 CARRIER DRIVE SUITE 105 ORLANDO, FL 32819	Mailing Address 5422 CARRIER DRIVE SUITE 105 ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box # 2875 S Orange Ave Suite, Apt. #, etc. Suite 534	3. Mailing Address P.O. Box 568527 Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32806	Country U.S.A
Zip 32856	Country U.S.A

4. FEI Number 57-1150184	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUREK, JOSEPH D JR. 5404 MONTERREY CLUB CT. WINDERMERE, FL 34786	
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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

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 <u>Joseph D. Durek Jr.</u>	DATE <u>03/12/08</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUREK, JOSEPH D JR. 5404 MONTERREY CLUB CT. WINDERMERE, FL 34786 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: <u>Joseph D. Durek Jr.</u>	DATE <u>03/12/08</u>	DAYTIME PHONE # <u>407 370 0845</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		