2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# N03000004600

Entity Name: ROCK OF AGES CHARITIES, INC.

Current Principal Place of Business:

1001 N FEDERAL HWY
HALLANDALE, FL 33009

New Principal Place of Business:

4365 INGRAHAM HWY
MIAMI, FL 33133

Current Mailing Address:

1001 N FEDERAL HWY
HALLANDALE, FL 33009

New Mailing Address:

4365 INGRAHAM HWY
MIAMI, FL 33133

FEI Number: 76-0728779 **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:

ABRAHAM, HASHEM
1001 N FEDERAL HWY
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

ABRAHAM, HASHEM
4365 INGRAHAM HWY
MIAMI, FL 33133 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: JOHN WILLIAMS 01/25/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ABRAHAM, HASHEM
Address: 1001 N FEDERAL HWY
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: DOUGAN, MICHAEL
Address: 1001 N FEDERAL HWY
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: RICHARDS, CELENE
Address: 1001 N FEDERAL HWY
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ABRAHAM, HASHEM
Address: 4365 INGRAHAM HWY
City-St-Zip: MIAMI, FL 33133

Title: D (X) Change ( ) Addition
Name: DOUGAN, MICHAEL
Address: 4365 INGRAHAM
City-St-Zip: MIAMI, FL 33133

Title: D (X) Change ( ) Addition
Name: RICHARDS, CARL
Address: 4365 INGRAHAM
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN WILLIAMS D 01/25/2005
Electronic Signature of Signing Officer or Director Date