2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# N03000005994

Entity Name: OLIVE TREES FOUNDATION FOR PEACE, INC.

Current Principal Place of Business:

3013 CULLEN LAKE SHORE DR.
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

3013 CULLEN LAKE SHORE DR.
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 61-1453381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIAB, KHALED M DR.
3013 CULLEN LAKE SHORE DR.
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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: KHALED M DIAB

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DIAB, KHALED M DR.
Address: 3013 CULLEN LAKE SHORE DR.
City-St-Zip: ORLANDO, FL 32812

Title: DIR (X) Delete
Name: JACKOWITZ, SYDNEY L
Address: 450 ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: DIR (X) Delete
Name: SHEEHY, LOUISE F
Address: 612 WOODRIDGE DRIVE
City-St-Zip: FERN PARK, FL 32730

Title: DIR ( ) Delete
Name: SAMI, QUBTY
Address: 8725 GREATE COVE
City-St-Zip: ORLAND, FL 32819

Title: DIR (X) Delete
Name: YUNIS, KAMAL
Address: 107 WOODBURY PINES DR.
City-St-Zip: ORLANDO, FL 32828

Title: DIR ( ) Delete
Name: KHATIB, RASHID
Address: 8701 SOUTHERN BREEZE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: RASHID KHATIB DR 10/15/2009

Electronic Signature of Signing Officer or Director — Date