

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006314

FILED
Oct 30, 2006
Secretary of State

Entity Name: MOMS HELP ORGANIZATION, INC.

Current Principal Place of Business:

2301 W. SAMPLE ROAD
BLDG #5, STE #1-C
POMPAN0 BEACH, FL 33073 US

New Principal Place of Business:

P.O. BOX 935004
COCONUT CREEK, FL 33093 US

Current Mailing Address:

2301 W. SAMPLE ROAD
BLDG #5, STE #1-C
POMPAN0 BEACH, FL 33073 US

New Mailing Address:

P.O. BOX 935004
COCONUT CREEK, FL 33093 US

FEI Number: 26-0067449 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:

ETHRIDGE, STACEY F
4848 NW 20TH PL
COCONUT CREEK, FL 33063 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: STACEY F ETHRIDGE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ETHRIDGE, STACEY F
Address: 4848 NW 20TH PL
City-St-Zip: COCONUT CREEK, FL 33063

Title: VP () Delete
Name: ETHRIDGE, GREGORY L
Address: 4848 NW 20TH PL
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: STACEY F ETHRIDGE

P

10/30/2006

Electronic Signature of Signing Officer or Director

Date