

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007054

FILED
Oct 25, 2004
Secretary of State**Entity Name:** FRESH BEGINNINGS, INC.**Current Principal Place of Business:**2699 STIRLING RD, STE C306A
HOLLYWOOD, FL 33312**New Principal Place of Business:****Current Mailing Address:**2699 STIRLING RD, STE C306A
HOLLYWOOD, FL 33312**New Mailing Address:****FEI Number:** 86-1084897 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:****Name and Address of New Registered Agent:**ALEXANDER, RAYMOND
5950 DELLAGO CIRCLE #204
SUNRISE, FL 33313 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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** DP () Delete
Name: PEDRO, JOAN D
Address: 1103 NW 58TH TERRACE #213
City-St-Zip: SUNRISE, FL 33313**Title:** DS () Delete
Name: ALEXANDER, ROSE A
Address: 636 S CHAMPION AVE
City-St-Zip: COLUMBUS, OH 43205**Title:** DT () Delete
Name: LEE, EVONNIE
Address: 5531 SW 114TH AVE
City-St-Zip: COOPER CITY, FL 33330**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:

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: JOAN DON-PEDRO

DP

10/25/2004

Electronic Signature of Signing Officer or Director_____
Date