


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000007721

1. Entity Name
MAISON DE RECONFORT INC.



FILED
04 NOV 18 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4908 LABRADOR LANE ORLANDO, FL 32818	Mailing Address 4908 LABRADOR LANE ORLANDO, FL 32818
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2. Principal Place of Business 5376 SILVER STAR RD. Suite, Apt. #, etc. ORLANDO FL City & State	3. Mailing Address 4908 LABRADOR LANE Suite, Apt. #, etc. ORLANDO FL City & State
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10112004 REIN-NP CR2E099 (6/04)

Zip 32818	Country ORANGE	Zip 32818	Country ORANGE
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4. FEI Number 56-2473451	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARLES, RAOUL 5376 SILVER STAR RD. ORLANDO, FL 32808	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C <input type="checkbox"/> Delete	NAME DUCNER, VILNE	TITLE PASTOR. RAOUL J. CHARLES <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 4908 LABRADOR LANE
STREET ADDRESS 2241 WAUTOMA PLACE	CITY-ST-ZIP ORLANDO, FL 32818	STREET ADDRESS 4908 LABRADOR LANE	CITY-ST-ZIP ORLANDO FL 32818
TITLE VC <input checked="" type="checkbox"/> Delete	NAME PHICIL, ORESTE	TITLE ASSISTANT PASTOR. <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DUCNER VILNE
STREET ADDRESS 5426 PINE CHASE DR #7	CITY-ST-ZIP ORLANDO, FL 32808	STREET ADDRESS 2241 WAUTOMA PL.	CITY-ST-ZIP ORLANDO FL 32818
TITLE D <input type="checkbox"/> Delete	NAME NOEL, PAULICOEUR	TITLE DEACON <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Paulicoeur Noel
STREET ADDRESS 2840 ST CLAIR CT.	CITY-ST-ZIP ORLANDO, FL 328183065	STREET ADDRESS 2840 St. Clair Ct.	CITY-ST-ZIP ORLANDO FL 32818
TITLE P <input type="checkbox"/> Delete	NAME CHARLES, RAOUL	TITLE VP. MARIE ADELINE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CHARLES
STREET ADDRESS 4908 LABRADOR LANE	CITY-ST-ZIP ORLANDO, FL 32818	STREET ADDRESS 4908 LABRADOR LANE.	CITY-ST-ZIP ORLANDO FL 32818
TITLE VP <input type="checkbox"/> Delete	NAME CHARLES, MARIE ADELINE	TITLE S. CAROLE ALEXANDRE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 307 S. DIVISION AVE. AP#B
STREET ADDRESS 4908 LABRADOR LANE	CITY-ST-ZIP ORLANDO, FL 32818	STREET ADDRESS 307 S. DIVISION AVE. AP#B	CITY-ST-ZIP ORLANDO FL 32805
TITLE S <input type="checkbox"/> Delete	NAME ALEXANDRE, CAROLLE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 800042194008
STREET ADDRESS 4908 LABRADOR LANE	CITY-ST-ZIP ORLANDO, FL 32818	STREET ADDRESS 10/26/04--01083--004	CITY-ST-ZIP ***236.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Raoul Charles Date: 10-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR