

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008826

FILED
Sep 28, 2006
Secretary of State

Entity Name: MIFAM MISSIONARY FAMILY FOUNDATION INC

Current Principal Place of Business:

1995 N.W. 46TH ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1995 N.W. 46TH ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 36-4541439 **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:

MANTECON, MARIA C
1995 N.W. 46TH ST.
MIAMI, FL 33142 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: MARIA MANTECON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANTECON, MARIA C
Address: 1995 N.W. 46TH ST.
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: MANTECON, ERICK M
Address: 1995 N.W. 46TH ST.
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: MANTECON, RENE Z FOUNDER
Address: 1995 N.W. 46TH ST.
City-St-Zip: MIAMI, FL 33142

Title: DIR () Delete
Name: MANTECON, MARIA C
Address: 1995 NW 46 ST
City-St-Zip: MIAMI, FL 33142 D

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:

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: MARIA MANTECON

Electronic Signature of Signing Officer or Director

DIR

09/28/2006

Date