2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# N03000010104

Entity Name: FROM HEAVEN WITH LOVE, INC.

Current Principal Place of Business:

5531 N. W. 112 AVE.
115
MIAMI, FL 33178

New Principal Place of Business:

4500 NW 99 CT.
202
MIAMI, FL 33178

Current Mailing Address:

5531 N. W. 112 AVE.
115
MIAMI, FL 33178

New Mailing Address:

4500 NW 99 CT.
202
MIAMI, FL 33178

FEI Number: 75-3137574 **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:

GALLEGO-ANGEL, LUCELLY
5531 N. W. 112 AVE.
115
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

GALLEGO-ANGEL, LUCELLY
4500 NW 99 CT.
202
MIAMI, FL 33178 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: LUCELLY GALLEGO 10/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GALLEGO-ANGEL, LUCELLY
Address: 5531 N. W. 112 AVE. 115
City-St-Zip: MIAMI, FL 33178

Title: DV ( ) Delete
Name: SALVADOR, BLANCA
Address: 5531 N. W. 112 AVE. 115
City-St-Zip: MIAMI, FL 33178

Title: DS ( ) Delete
Name: RAMIREZR, ONDINA
Address: 5531 N. W. 112 AVE. 115
City-St-Zip: MIAMI, FL 33178

Title: DT ( ) Delete
Name: GALLEGO-ANGEL, LUCELLY
Address: 5531 N. W. 112 AVE. 115
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GALLEGO-ANGEL, LUCELLY
Address: 4500 NW 99 CT. #202
City-St-Zip: MIAMI, FL 33178

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

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

Title: DT (X) Change ( ) Addition
Name: GALLEGO-ANGEL, LUCELLY
Address: 4500 NW 99CT. #202
City-St-Zip: MIAMI, FL 33178

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: LUCELLY GALLEGO DP 10/13/2009
Electronic Signature of Signing Officer or Director Date