

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002241

FILED
Feb 18, 2008
Secretary of State

Entity Name: FISHER OF MEN ORGANIZATION, INC.

Current Principal Place of Business:

20200 NE 27TH CT
J36
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20200 NE 27TH CT
J36
AVENTURA, FL 33180

New Mailing Address:

4955 NW 199 ST
#409
MIAMI, FL 3055

FEI Number: 57-1204057 **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:

DAVILA, JUSTO
20200 NE 27TH CT
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

DAVILA, JUSTO
4955 NW 199 ST
#409
MIAMI, FL 33055 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: JUSTO DAVILA

02/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: DAVILA, JUSTO
Address: 3828 NW 213 ST
City-St-Zip: MIAMI, FL 33055

Title: 1VP () Delete
Name: MORALES, ELSA N
Address: 250-174 ST APT 709
City-St-Zip: SUNNY ISLE, FL 33160

Title: 2VP () Delete
Name: RODRIGUEZ, JULIO I
Address: 2037 SHERYL PLACE
City-St-Zip: WEST COVINA, CA 91792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change () Addition
Name: DAVILA, JUSTO
Address: 4955 NW 199 ST
City-St-Zip: MIAMI, FL 33055

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 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: JUSTO DAVILA

CEOP

02/18/2008

Electronic Signature of Signing Officer or Director

Date