

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000003184						FILED 06 MAY 30 AM 9:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name CHILDREN OF MARY MOTHER OF THE DIVINE MERCY, INC.				Principal Place of Business 14540 SW 38 ST MIRAMAR, FL 33027			
Mailing Address 14540 SW 38 ST MIRAMAR, FL 33027				2. Principal Place of Business SAME			
Suite, Apt. #, etc. 				3. Mailing Address SAME			
City & State 				City & State 			
Zip 		Country 		Zip 		Country 	
4. FEI Number 61-1469481				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAZELAIS, ALBERTE S 14540 SW 38 ST MIRAMAR, FL 33027				7. Name and Address of New Registered Agent Name ALBERTE S. BAZELAIS Street Address (P.O. Box Number is Not Acceptable) 14540 SW 38 ST City MIRAMAR FL Zip Code 33027			
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 <small>Signature of individual or printed name of registered agent and title if applicable.</small>				DATE 5/25/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAZELAIS, ALBERTE S 14540 SW 38 ST MIRAMAR, FL 33027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LATURE DUMAS, MARIE-NOELLE 4895 SW 63 RD MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EUGENE, GINA 7825 VENETIAN ST MIRAMAR, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOMINIQUE, MARGARETTE 1 RUE RIGAUD PETION-VILLE, HAITI,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DESNOYERS, VIVIANNE ROUTE DES FRERES VIVY MITCHELL #3, P.V. HAITI,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOVAR, MARCIA 2091 CORSICA WAY MARIETTA, GA 30008	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5/25/06 <small>Daytime Phone #</small>			