

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004856

FILED
Feb 06, 2006
Secretary of State

Entity Name: TREASURES OF BLESSINGS CHILDRENS INTERNATIONAL, INC.

Current Principal Place of Business:

7910 DIMAL COURT
ORLANDO, FL 32822

New Principal Place of Business:

4500 KENNEDY AVENUE
ORLANDO, FL 32812

Current Mailing Address:

7910 DIMAL COURT
ORLANDO, FL 32822

New Mailing Address:

4500 KENNEDY AVENUE
ORLANDO, FL 32812

FEI Number: 54-2136467 **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:

GOMEZ, EDISON
7910 DIMAL COURT
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

GOMEZ, EDISON
4500 KENNEDY AVENUE
ORLANDO, FL 32812 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: EDISON GOMEZ

02/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, EDISON
Address: 7910 DIMAL COURT
City-St-Zip: ORLANDO, FL 32822

Title: VP () Delete
Name: GOMEZ, MARIAELENA
Address: 7910 DIMAL COURT
City-St-Zip: ORLANDO, FL 32822

Title: S (X) Delete
Name: PAGAN, RAMONITA
Address: 5448 FITNESS CIRCLE #106
City-St-Zip: ORLANDO, FL 32832

Title: T (X) Delete
Name: APOMTE, BELEN
Address: 910 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOMEZ, EDISON
Address: 4500 KENNEDY AVENUE
City-St-Zip: ORLANDO, FL 32812

Title: VP (X) Change () Addition
Name: GOMEZ, MARIAELENA
Address: 4500 KENNEDY AVENUE
City-St-Zip: ORLANDO, FL 32812

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: EDISON GOMEZ

P

02/06/2006

Electronic Signature of Signing Officer or Director

Date