2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004856

FILED Oct 30, 2009 Secretary of State

Entity Name: TREASURES OF BLESSINGS CHILDRENS INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 4500 KENNEDY AVENUE ORLANDO, FL 32812 **Current Mailing Address: 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 (X) 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: Name and Address of New Registered Agent: GOMEZ, EDISON 4500 KÉNNEDY AVENUE ORLANDO, FL 32812 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 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GOMEZ, EDISON Name: Name: 4500 KENNEDY AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GOMEZ, MARIAELENA Name: Address: 4500 KENNEDY AVENUE Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: () Delete Title: (X) Change () Addition GOMEZ, BENJAMIN Name: LUNA, MARTHA P Name: 2146 LAKE HOLLOWAY BLVD. Address: Address: 5040 DOCKSIDE DR City-St-Zip: LAKELAND, FL 33801 City-St-Zip: ORLANDO, FL 32822 Title: () Delete Title: (X) Change () Addition SANCHEZ, JOSE L Name: PAGAN, RAMONITA Name: 5448 FITNESS CIRCLE #106 Address: Address: 5040 DOCKSIDE DR. City-St-Zip: ORLANDO, FL 32832 City-St-Zip: ORLANDO, FL 32822

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.

Ρ SIGNATURE: EDISON GOMEZ 10/30/2009