

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005840

FILED  
Oct 24, 2008  
Secretary of State

**Entity Name:** MY BROTHER'S KEEPER THRIFT AND ANTIQUE SHOP, INC.

**Current Principal Place of Business:**

4225 CLINTON AVENUE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4225 CLINTON AVENUE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

**Name and Address of New Registered Agent:**

DOEHNE BOOKKEEPING & TAX SERVICE  
14333 BONEY ROAD  
JACKSONVILLE, FL 32226 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: DOEHNE TAX SERVICE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RHEAUME, MELINDA L  
Address: 628 16TH AVENUE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: RHEAUME, MARK A  
Address: 628 16TH AVENUE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: BERESH, JOHN  
Address: 4360 HUDNALL ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MELINDA L RHEAUME

D

10/24/2008

Electronic Signature of Signing Officer or Director

Date