# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 14, 2009**
**Secretary of State**

DOCUMENT# N04000006347

**Entity Name:** JAMAICAN CHILDREN'S HEART FUND INC.

**Current Principal Place of Business:**

1371 BAYVIEW CIRCLE
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

18459 PINES BLVD.
337
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

**FEI Number: 20-1291129** **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:**

GRANT, GWENDOLYN P MRS
1371 BAYVIEW CIRCLE
WESTON, FL 33326 US

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

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: GWENDOLYN GRANT
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | CHAI | ( ) Delete |
| Name: | PERRYMAN, RICHARD A DR | |
| Address: | 982 SANIBEL DRIVE | |
| City-St-Zip: | HOLLYWOOD, FL 33019 US | |
| Title: | VCHA | ( ) Delete |
| Name: | LAVANDOSKY, GERALD DR | |
| Address: | 12500 SW 34 PLACE | |
| City-St-Zip: | DAVIE, FL 33330 US | |
| Title: | DIR | ( ) Delete |
| Name: | YAP, PATRICIA DR | |
| Address: | C/O 982 SANIBEL DRIVE | |
| City-St-Zip: | HOLLYWOOD, FL 33019 US | |
| Title: | DIR | ( ) Delete |
| Name: | MCGLASHAN, RUDOLPH | |
| Address: | 4040 SHERIDAN STREET | |
| City-St-Zip: | HOLLYWOOD, FL 33021 US | |
| Title: | EDIR | ( ) Delete |
| Name: | GRANT, GWENDOLYN | |
| Address: | 1371 BAYVIEW CIRCLE | |
| City-St-Zip: | WESTON, FL 33326 | |
| Title: | DIR | ( ) Delete |
| Name: | KAYE, CHONG | |
| Address: | 18459 PINES BLVD #337 | |
| City-St-Zip: | PEMBROKE PINES, FL 33029 US | |

**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: | |
| 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: GWENDOLYN GRANT EDIR 10/14/2009
Electronic Signature of Signing Officer or Director — Date