

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000006438

**FILED**  
**Oct 15, 2011**  
**Secretary of State**

**Entity Name:** VALPARAISO INSTITUTE FOR COMPASSION, CIVILITY AND COMMUNITY ACTION, INC.

**Current Principal Place of Business:**

1895 VENICE PARK DR., STE. A17  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

1895 VENICE PARK DR., STE. A17  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 56-2468145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST. PIERRE, SHERYL  
1895 VENICE PARK DR., STE. A17  
NORTH MIAMI, FL 33181 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: SHERYL ST. PIERRE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: ST. PIERRE, SHERYL  
Address: 1895 VENICE PARK DR., STE. A17  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D  
Name: PIERRE, MARIE S  
Address: 1895 VENICE PARK DR., STE. A17  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D  
Name: EMILIEN, PATRICK G  
Address: 1895 VENICE PARK DR., STE. A17  
City-St-Zip: NORTH MIAMI, FL 33181

I hereby 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 all other like empowered.

SIGNATURE: SHERYL ST. PIERRE

MS.

10/15/2011

Electronic Signature of Signing Officer or Director

Date