

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006581

FILED  
Oct 05, 2005  
Secretary of State

**Entity Name:** EL ROI CHRISTIAN YOUTH CENTER, INC.

**Current Principal Place of Business:**

1900 CORAL WAY SUITE 301  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

1900 CORAL WAY SUITE 301  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

DE LEON, ANAMARIA P  
1900 CORAL WAY  
SUITE 301  
MIAMI, FL 33145 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: ANAMARIA DE LEON

10/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARIA DE LEON, ANA  
Address: 1900 CORAL WAY SUITE 301  
City-St-Zip: MIAMI, FL 33145

Title: VSD ( ) Delete  
Name: MARIA DE LEON, JUANA  
Address: 1900 CORAL WAY SUITE 301  
City-St-Zip: MIAMI, FL 33145

Title: TD ( ) Delete  
Name: DE LEON, RUBEN L  
Address: 1900 CORAL WAY SUITE 301  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: REYES, MARIA M  
Address: 1900 CORAL WAY SUITE 301  
City-St-Zip: MIAMI, FL 33145

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUBEN L. DE LEON

TD

10/05/2005

Electronic Signature of Signing Officer or Director

Date