2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008503

Entity Name: NAZIRITE CHILDRENS MISSIONS INC.

FILED Nov 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11621 SW 117 CT MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

11621 SW 117 CT MIAMI, FL 33186

FEI Number: 56-2481100 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: Name and Address of New Registered Agent:

 BEJARANO, NATALIA
 ROJAS, NATALIA

 11621 SW 117 CT
 11621 SW 117 CT

 MIAMI, FL 33186 US
 MIAMI, FL 33186 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: NATALIA ROJAS 11/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 BEJARANO, NATALIE
 Name:
 ROJAS, NATALIA

 Address:
 9683 SW 138TH AVENUE
 Address:
 9683 SW 138TH AVENUE

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: TD () Delete Title: SD (X) Change () Addition Name: FABIO, HERBERT Name: MARTHA, MADRIGAL

Address: 6855 SW 81ST STREET Name: WACKTRA, WACK

City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33193

Title: SD (X) Delete Title: () Change () Addition

 Name:
 VARGAS, GISELA
 Name:

 Address:
 6429 SYNPHONY LN
 Address:

 City-St-Zip:
 DALLAS, TX 75227
 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: NATALIA ROJAS PD 11/17/2009