

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009951

FILED
Oct 02, 2007
Secretary of State

Entity Name: SINGLE MOMS OF CENTRAL FLORIDA, INC

Current Principal Place of Business:

2327 WATER VIEW LOOP
KISSIMMEE, FL 34743 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4476
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 20-1762103 **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:

PEREZ, PETRA
2327 WATER VIEW LOOP
KISSIMMEE, FL 34743 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: PETRA PEREZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, PETRA
Address: 2327 WATER VIEW LOOP
City-St-Zip: KISSIMMEE, FL 34743 US

Title: S () Delete
Name: FUENTES, SONIA
Address: 2105 DERRINGER CT.
City-St-Zip: KISSIMMEE, FL 34743

Title: T () Delete
Name: CARRASQUILLO, FELIPE
Address: 2105 DERRINGER CT.
City-St-Zip: KISSIMMEE, FL 34743 US

Title: D () Delete
Name: TORO, NOEMI R
Address: 3852 BENTFORD CT
City-St-Zip: ORLANDO, FL 32817 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:

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: NOEMI R. TORO

D

10/02/2007

Electronic Signature of Signing Officer or Director

Date