2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009951

Entity Name: SINGLE MOMS OF CENTRAL FLORIDA, INC

FILED Feb 09, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2327 WATER VIEW LOOP 12910 FAIR MEADOWS CT KISSIMMEE, FL 34743 US 0RLANDO, FL 32837 US

Current Mailing Address: New Mailing Address:

P.O. BOX 4476 12910 FAIR MEADOWS CT WINTER PARK, FL 32792 US ORLANDO, FL 32837 US

FEI Number: 20-1762103 FEI Number Applied For () 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: Name and Address of New Registered Agent:

PEREZ, PETRA

2327 WATER VIEW LOOP

KISSIMMEE, FL 34743 US

SANTIAGO, CARMEN

12910 FAIR MEADOWS CT

ORLANDO, FL 32837 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: CARMEN SANTIAGO 02/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 PEREZ, PETRA
 Name:
 SANTIAGO, CARMEN

 Address:
 2327 WATER VIEW LOOP
 Address:
 12910 FAIR MEADOWS CT

 City-St-Zip:
 KISSIMMEE, FL 34743 US
 City-St-Zip:
 ORLANDO, FL 32837 US

 Title:
 S
 () Delete
 Title:
 S
 () Addition

 Name:
 FUENTES, SONIA
 Name:
 FIGUEROA, LEONARDO

 Address:
 2105 DERRINGER CT.
 Address:
 12910 FAIR MEADOWS

 City-St-Zip:
 KISSIMMEE, FL 34743
 City-St-Zip:
 ORLANDO, FL 32837 US

Title: T () Delete Title: T (X) Change () Addition
Name: CARRASQUILLO, FELIPE Name: RAMIREZ, MONSERRATE

 Address:
 2105 DERRINGÉR CT.
 Address:
 4862 CASON COVE DR
 APT. 203

 City-St-Zip:
 KISSIMMEE, FL 34743 US
 City-St-Zip:
 ORLANDO, FL 32811 US

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

 Name:
 TORO, NOEMI R
 Name:

 Address:
 3852 BENTFORD CT
 Address:

 City-St-Zip:
 ORLANDO, FL 32817 US
 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: CARMEN SANTIAGO P 02/09/2009