

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001344

**FILED**  
**Oct 10, 2007**  
**Secretary of State**

**Entity Name:** NEW LIFE ENRICHMENT CENTER, INC.

**Current Principal Place of Business:**

6734 PEMBROKE RD  
PEMBROKE PINES, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6734 PEMBROKE RD  
PEMBROKE PINES, FL 33023

**New Mailing Address:**

**FEI Number:** 20-1414689      **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:**

PATTERSON, CASSANDRA  
6734 PEMBROKE RD  
PEMBROKE PINES, FL 33023      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:** CASSANDRA PATTERSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD      ( ) Delete  
**Name:** PATTERSON, CASSANDRA  
**Address:** 17630 SW 32 ST  
**City-St-Zip:** MIRAMAR, FL 33029

**Title:** VD      ( ) Delete  
**Name:** SMITH, CHERRY  
**Address:** 3230 NW 135 ST  
**City-St-Zip:** MIAMI, FL 33054

**Title:** SD      ( ) Delete  
**Name:** WILLIAMS, PHYLIS  
**Address:** 17982 SW 29 LANE  
**City-St-Zip:** MIRAMAR, FL 33029

**Title:** TD      ( ) Delete  
**Name:** HAMILTON, SANDRA  
**Address:** 17990 NW 22 CT  
**City-St-Zip:** MIAMI, FL 33056

**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:** CHERRY SMITH

VD

10/10/2007

Electronic Signature of Signing Officer or Director

Date