

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003227

FILED
Jun 01, 2007
Secretary of State

Entity Name: LET'S TALK FRIENDS, INC.

Current Principal Place of Business:

2330 NW 183RD STREET
MIAMI, FL 33055

New Principal Place of Business:

10740 N PRESERVE WAY SUITE
305
MIRAMAR, FL 33027

Current Mailing Address:

2330 NW 183RD STREET
MIAMI, FL 33055

New Mailing Address:

10740 N PRESERVE WAY SUITE 305
MIRAMAR, FL 33027

FEI Number: 73-1665377 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:

CHERRY, MAURICE T
2330 NW 183RD STREET
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

CHERRY, MAURICE DR T
2330 NW 183RD STREET
MIAMI, FL 33055 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: DR. MAURICE T. CHERRY

06/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHERRY, MAURICE T
Address: 2330 NW 183RD STREET
City-St-Zip: MIAMI, FL 33055

Title: V () Delete
Name: CHERRY, DARA M
Address: 2330 NW 183RD STREET
City-St-Zip: MIAMI, FL 33055

Title: T () Delete
Name: MICHEL, PAMELA
Address: 2169 NW 57TH STREET
City-St-Zip: MIAMI, FL 33055

Title: S () Delete
Name: WILSON, LACHARN
Address: 2330 NW 183RD STREET
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHERRY, MAURICE DR. T
Address: 2330 NW 183RD STREET
City-St-Zip: MIAMI, FL 33055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MICHELL, PAMELA
Address: 2169 NW 57TH STREET
City-St-Zip: MIAMI, FL 33147

Title: S (X) Change () Addition
Name: WILSON, LACHARN
Address: 18421 NW 42 PL.
City-St-Zip: MIAMI, FL 33055

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: DR. MAURICE T CHERRY

P

06/01/2007

Electronic Signature of Signing Officer or Director

Date