

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003982

FILED
Feb 04, 2008
Secretary of State

Entity Name: HEAVEN'S GATE HUNGER RELIEF SERVICES, INC.

Current Principal Place of Business:

1265 SIMMONS RD.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

600 SW 1ST AVE
MIAMI, FL 33130 US

Current Mailing Address:

1265 SIMMONS RD.
KISSIMMEE, FL 34744 US

New Mailing Address:

600 SW 1ST AVE
MIAMI, FL 33130 US

FEI Number: 20-2705796 **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:

SAYLOR, SHAWN C
1265 SIMMONS RD.
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

HUBMAN, TIM
600 SW 1ST AVE
MIAMI, FL 33130 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: TIM HUBMAN

02/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAYLOR, SHAWN C
Address: 1265 SIMMONS RD.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP (X) Delete
Name: SAYLOR, CHARLES H
Address: 1265 SIMMONS RD.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP (X) Delete
Name: SAYLOR, CYNTHIA A
Address: 1265 SIMMONS RD.
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HUBMAN, TIM
Address: 600 SW 1ST AVE
City-St-Zip: MIAMI, FL 33130 US

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: TIM HUBMAN

P/D

02/04/2008

Electronic Signature of Signing Officer or Director

Date