## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000005642

Title:

Name:

Address:

City-St-Zip:

**TRES** 

( ) Delete

4846 N. UNIVERSITY DRIVE #352

BENJAMIN, MARIE-LINE

LAUDERHILL, FL 33351

FILED Oct 04, 2007 Secretary of State

Entity Name: SERVING HEARTS ABROAD, INC. **Current Principal Place of Business: New Principal Place of Business:** 4846 N. UNIVERSITY DRIVE #352 LAUDERHILL, FL 33351 **Current Mailing Address: New Mailing Address:** 4846 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351 FEI Number: 20-2932667 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: BENJAMIN, MARIE-LINE BENJAMIN, MARIE-LINE 491 NW 42ND AVE. 1788 SW 81ST LANE #56 DAVIE, FL 33324 PLANTATION, FL 33317 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: MARIE-LINE BENJAMIN 10/04/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition BENJAMIN, MARIE-LINE Name: Name: Address: 4846 N. UNIVERSITY DRIVE # 352 Address: City-St-Zip: LAUDERHILL, FL 33351 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BENJAMIN, VALESKA L Name: Address: 4846 N. UNIVERSITY DRIVE #352 Address: City-St-Zip: LAUDERHILL, FL 33351 City-St-Zip: Title: SEC () Delete Title: () Change () Addition JN. FRANCOIS, FRANCES Name: Name: 4846 N. UNIVERSITY DRIVE #352 Address: Address: City-St-Zip: LAUDERHILL, FL 33351 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.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: MARIE-LINE BENJAMIN 10/04/2007

() Change () Addition