

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005806

FILED
Sep 29, 2006
Secretary of State

Entity Name: MASCAREEN COHEN INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

1017 EMILY'S WALK LANE E
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

1017 EMILY'S WALK LANE E
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 20-3344679 **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:

SMART, MASCAREEN
1017 EMILY'S WALK LANE E
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

COHEN, MASCAREEN
1017 EMILY'S WALK LANE E
JACKSONVILLE, FL 32221 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: MASCAREEN COHEN

09/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, MASCAREEN
Address: 1017 EMILY'S WALK LANE E
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD () Delete
Name: COHEN, EARL
Address: 2349 MCCARTY DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: LOPEZT, MANUEL
Address: 2011 WEST 11TH STREET
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD () Delete
Name: SMITH-MOBLEY, CYCLYN R
Address: 12739 SERENADE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: STRACHAN, IDELL A
Address: 12739 SERENADE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete
Name: DARRELL, LISA M
Address: 10901 BURNT MILL ROAD #308
City-St-Zip: JACKSONVILLE, FL 32256

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:

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 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: MASCAREEN COHEN

PD

09/29/2006

Electronic Signature of Signing Officer or Director

Date