

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006148

FILED
Mar 31, 2008
Secretary of State

Entity Name: OPEN HANDS TO THE CHILDREN CORP

Current Principal Place of Business:

19 NW 85 STREET
MIAMI, FL 33150 US

New Principal Place of Business:

6840 NW 12TH AVE
MIAMI, FL 33150 US

Current Mailing Address:

19 NW 85 STREET
MIAMI, FL 33150 US

New Mailing Address:

%LUDVY JOSEPH
PO BOX 682006
MIAMI, FL 33168 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVEILLE, MARIE J
19 NW 85 STREET
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

GIVENS, WILLIE MARIE
6840 NW 12TH AVE
MIAMI, FL 33150 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: WILLIE MARY GIVENS

03/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVEILLE, MARIE J
Address: 19 NW 85 STREET
City-St-Zip: MIAMI, FL 33150 US

Title: D () Delete
Name: ALUSMA, JOSUE
Address: 825 POWDER SPRING ROAD - APT. 806
City-St-Zip: MARIETTA, GA 30064 US

Title: D () Delete
Name: ALUSMA, ODEL
Address: 7948 LEICESTER CT
City-St-Zip: NAPLES, FL 34104 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIVENS, WILLIE MARY
Address: 6840 NW 12TH AVE
City-St-Zip: MIAMI, FL 33150 US

Title: D (X) Change () Addition
Name: LEVEILLE, MARIE JACINTHE
Address: 19 NW 85 ST
City-St-Zip: MIAMI, FL 33150 US

Title: D (X) Change () Addition
Name: JOSEPH, LUDVY
Address: PO BOX 682006
City-St-Zip: MIAMI, FL 33168 US

Title: D () Change (X) Addition
Name: LEVEILLE, SERGE J
Address: 197 HEATHCOTE RD
City-St-Zip: ALMONT, NY 11003 US

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: LUDVY JOSEPH

D

03/31/2008

Electronic Signature of Signing Officer or Director

Date