2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N05000006892

Entity Name: CENTRO KOINONIA INTERNACIONAL, INC.

Current Principal Place of Business:

1067 BLUEGRASS DRIVE
GROVELAND, FL 34736

New Principal Place of Business:

12855 PHILLIPS ROAD
GROVELAND, FL 34736

Current Mailing Address:

1067 BLUEGRASS DRIVE
GROVELAND, FL 34736

New Mailing Address:

822 MAPLE FOREST AVE
MINNEOLA, FL 34715

FEI Number: 84-1683694 **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:

ENCARNACION, GEORGE A
1067 BLUEGRASS DRIVE
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

ENCARNACION, GEORGE A
12855 PHILLIPS ROAD
GROVELAND, FL 34736 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: GEORGE A. ENCARNACION 02/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: ENCARNACION, GEORGE A
Address: 1067 BLUEGRASS DRIVE
City-St-Zip: GROVELAND, FL 34736

Title: VP ( ) Delete
Name: ENCARNACION, MARTHA E
Address: 1067 BLUEGRAS DRIVE
City-St-Zip: GROVELAND, FL 34736

Title: SECY ( ) Delete
Name: ENCARNACION, GEORGE A
Address: 1067 BLUEGRASS DRIVE
City-St-Zip: GROVELAND, FL 34736

Title: TRES ( ) Delete
Name: ENCARNACION, MARTHA E
Address: 1067 BLUEGRASS DRIVE
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ENCARNACION, GEORGE A
Address: 12855 PHILLIPS ROAD
City-St-Zip: GROVELAND, FL 34736

Title: VP (X) Change ( ) Addition
Name: ENCARNACION, MARTHA E
Address: 12855 PHILLIPS ROAD
City-St-Zip: GROVELAND, FL 34736

Title: SECY (X) Change ( ) Addition
Name: SANTOS, ADA
Address: 14826 DOGWOOD COVE LANE APT 202
City-St-Zip: WINTER GARDEN, FL 34787

Title: TRES (X) Change ( ) Addition
Name: CABAN, SONIA
Address: 822 MAPLE FOREST AVE
City-St-Zip: MINNEOLA, FL 34715

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: GEORGE ENCARNACION PRES 02/11/2009
Electronic Signature of Signing Officer or Director Date