

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000007343

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** BURUNDI ORPHAN RELIEF, INC.

**Current Principal Place of Business:**

2343 HOLLY LANE  
PALM BEACH GARDENS, FL 334101314

**New Principal Place of Business:**

2343 HOLLY LANE  
PALM BEACH GARDENS, FL 334101314 UN

**Current Mailing Address:**

P.O. BOX 31203  
PALM BEACH GARDENS, FL 334201203

**New Mailing Address:**

2343 HOLLY LANE  
PALM BEACH GARDENS, FL 334101314 UN

**FEI Number:** 20-3078248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOHER, THOMAS J  
2343 HOLLY LANE  
PALM BEACH GARDENS, FL 334101314 US

**Name and Address of New Registered Agent:**

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: THOMAS J. MOHER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOHER, THOMAS J  
Address: 2343 HOLLY LANE  
City-St-Zip: PALM BEACH GARDENS, FL 334101314

Title: SD  
Name: MOHER, SANDY  
Address: 2343 HOLLY LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: FRIER, NANCY H  
Address: 6506 POND APPLE ROAD  
City-St-Zip: BOCA RATON, FL 334331927

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J. MOHER

PD

03/15/2012

Electronic Signature of Signing Officer or Director

Date