

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009121

FILED
Sep 28, 2009
Secretary of State

Entity Name: C.M.W INTERNATIONAL HOUSE, INC.

Current Principal Place of Business:

824 AVENIDA CUARTA
105
CLAREMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

824 AVENIDA CUARTA
105
CLAREMONT, FL 34714

New Mailing Address:

824 AVENIDA CUARTA
105
CLAREMONT, FL 34714

FEI Number: 82-0546855 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:

WATSON, CLAUDIA E ED
824 AVENIDA CUARTA
105
CLAREMONT, FL 34714 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: CLAUDIA WATSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: WATSON, CLAUDIA E ED
Address: 824 AVENIDA CUARTA #105
City-St-Zip: CLAREMONT, FL 34714 US

Title: D/T () Delete
Name: DAVIS, MILES J D/T
Address: 8297 CHAMPAN'S GATE BLVD. #171
City-St-Zip: CHAMPAN'S GATES BLVD, FL 33897 US

Title: S/T () Delete
Name: CLAYTON WELLS, KIM C S/T
Address: 1813 WEDER ST.
City-St-Zip: ORLANDO, FL US

Title: D/S () Delete
Name: GLOVER, ARNITA D/S
Address: 1312 RAIN TREE BEND
City-St-Zip: CLAREMONT, FL 34714 US

Title: AB () Delete
Name: MCLEAN, THEODOCIA AB
Address: 2238 TURTLE POINTE DRIVE
City-St-Zip: RALEIGH, NC US

Title: S/D () Delete
Name: COTTON, LISA S/D
Address: 216 SOUTHERN AVENUE
City-St-Zip: SENOTOBIA, MS 38668 US

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 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: CLAUDIA WATSON

E/D

09/28/2009

Electronic Signature of Signing Officer or Director

Date