2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000010615

1. Entity Name

CITY OF EXCELLENCE MIRACLE CENTER INTERNATIONAL, INC.



FILED 2006 DEC 14 PM 2: 36 SECRETARY STATE

12-8-06

Daytime Phone #

Principal Place 10717 SOUTI #306, BUILD MIRAMAR, FL	H PRESER DING 3 . 33024	VE WAY	Mailing Address 10717 SOUTH PRESERVE WAY #306, BUILDING 3 MIRAMAR, FL 33024						1 11 111 111 11 1111				
	Pemb	roke Road	3. Mailing Address 7155 Pembroke Road				ì]	11/11 1//// //// 1///	11 81 81 181 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					12082006 REIN-NP CR2E099 (11/05)					
City & State Miras		Florida	City & State Miramar,		Florida			4. FEI Numbe 75-32	03175		<u></u>	plied For t Applicable	
Zip 33023	3	Country USA	Zip 33023		Country USA			5. Certificate of Status Desired \$8.75 Additional Fee Required					
		e and Address of Current F						7. Name and Address of New Registered Agent					
HAIRSTON, ELIZABETH A 10717 SOUTH PRESERVE WAY #306, BUILDING 3 MIRAMAR, FL 33024						Street A	ddress (th A. H P.O. Box Number mbroke	er is Not Accept		Zip Code	9	
						Mira					<u> 3302</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ALL ALL ALL Signature, hold or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE													
FILE NOW!!! FEE IS \$61.25 In accordance corporation of the second							he prior	notice.		Florida Depa	ck payable to artment of St	ate	
10.	Р	OFFICERS AND DIR		D.I.I.	11.		T	ADDITIONS/CH.	ANGES TO OFF	ICERS AND E	DIRECTORS IN Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAIRSTON, ELIZABETH A					E Et address -st-zip	715	s. zabeth 5 Pembr amar, _F j	oke Ro	ad	LAL CHARGE	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. Delete EVANS, CHARLOTTE 10717 SOUTH PRESERVE WAY #306, BUILDING 3 MIAMAR, FL 33024					E Et adoress - ST- ZIP	Sec Cha 715	_	Evans oke Ro	ad	XX Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1738 ST	E, PRESTON T. IVES CROSSING BRIDGE, GA 30281		Delete			HILL	amar yr i	 330 2	3	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3-141S	/04 ⁻	Delete					0008; 4/0801			□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	हैं हो	ASTATES.		Oelete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete							☐ Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													