

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011280

FILED
May 07, 2007
Secretary of State

Entity Name: MERCY MISSION MINISTRIES, INC.

Current Principal Place of Business:

12790 BRIAR LAKE DR SUITE 203F
PALM BEACH, FL 33418 US

New Principal Place of Business:

2069 SW MARBLEHEAD WAY
PORT ST LUCIE, FL 34953 US

Current Mailing Address:

12790 BRIAR LAKE DR SUITE 203F
PALM BEACH, FL 33418 US

New Mailing Address:

2069 SW MARBLEHEAD WAY
PORT ST LUCIE, FL 34953 US

FEI Number: 20-3746765 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:

TAXPLACE CORP
2721 S US 1 SUITE 9
FORT PIERCE, FL 34982 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: CLAUDIO RIBEIRO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MELO, LUIZ C
Address: 12790 BRIAR LAKE DR SUITE 203F
City-St-Zip: PALM BEACH, FL 33418 US

Title: VPD () Delete
Name: ARAUJO, MARCOS A
Address: 12790 BRIAR LAKE DR SUITE 203F
City-St-Zip: PALM BEACH, FL 33418 US

Title: ST () Delete
Name: ARAUJO, VALERIA C
Address: 12790 BRIAR LAKE DR SUITE 203F
City-St-Zip: PALM BEACH, FL 33418 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MELO, LUIZ C
Address: 2069 SW MARBLEHEAD WAY
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VPD (X) Change () Addition
Name: MELO, MARIA J
Address: 2069 SW MARBLEHEAD WAY
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: ST (X) Change () Addition
Name: MELO, KESIA R
Address: 2069 SW MARBLEHEAD WAY
City-St-Zip: PORT ST LUCIE, FL 34953 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: LUIZ C MELO

PD

05/07/2007

Electronic Signature of Signing Officer or Director

Date