

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002160

FILED  
Jun 23, 2012  
Secretary of State

**Entity Name:** CENTER FOR SELF-SUFFICIENCY, INC.

**Current Principal Place of Business:**

10365 SW 111TH STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

10365 SW 111TH STREET  
MIAMI, FL 33176 US

**Current Mailing Address:**

10365 SW 111TH STREET  
MIAMI, FL 33176

**New Mailing Address:**

10365 SW 111TH STREET  
MIAMI, FL 33176 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

CLERMONT, EDELINE B  
10365 SW 111TH STREET  
MIAMI, FL 33176 US

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

MONDESTIN, EDELINE B  
10365 SW 111TH STREET  
MIAMI, FL 33176 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: EDELINE B MONDESTIN RN

06/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: MONDESTIN, EDELINE B  
Address: 10365 SW 111TH STREET  
City-St-Zip: MIAMI, FL 33176 US

Title: S  
Name: SANSARICQ, MARIE  
Address: 20015 NE 3RD CT  
City-St-Zip: MIAMI, FL 33179 US

Title: T  
Name: MONDESTIN, JOSEPH J  
Address: 10365 SW 111 ST  
City-St-Zip: MIAMI, FL 33176 US

Title: S  
Name: LOPEZ, ALINA  
Address: 1123 SW 29 AVE  
City-St-Zip: MIAMI, FL 33135

Title: D  
Name: PIERRE-LOUIS, JEMMY M  
Address: 10365 SW 111 ST  
City-St-Zip: MIAMI, FL 33176 US

Title: D  
Name: PIERRE-LOUIS, CLAUDE S  
Address: 10365 SW 111 ST  
City-St-Zip: MIAMI, FL 33176 US

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: EDELINE B MONDESTIN RN

PCEO

06/23/2012

Electronic Signature of Signing Officer or Director

Date