2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002429

Entity Name: SPIRITIST CENTER LOVE AND CHARITY, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8421 S. ORANGE BLOSSOM TRAIL, UNIT 261 11753 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32809

SUITE E

ORLANDO, FL 32837

Current Mailing Address: New Mailing Address:

8421 S. ORANGE BLOSSOM TRAIL, UNIT 261 5412 BAYBROOK AVE ORLANDO, FL 32809 ORLANDO, FL 32819

FEI Number: 20-4643632 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: Name and Address of New Registered Agent:

CARVALHO, ENIO SOUZA, RENATA 5412 BÁYBROOK AVE 8421 S. ORANGE BLOSSOM TRAIL, UNIT 261 ORLANDO, FL 32809 ORLANDO, FL 32819 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: RENATA SOUZA 02/12/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

NEVES, ELIZETE NEVES, ELIZETE Name: Name: 8624 VALLEY RIDGE CT Address:

8421 S. ORANGE BLOSSOM TRAIL, UNIT 261 Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32818

Title: () Delete Title: (X) Change () Addition

Name: NEVES, MOACYR Name: NEVES, MOACYR Address: 8421 S. ORANGE BLOSSOM TRAIL, UNIT 261 Address: 8624 VALLEY RIDGE CT City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32818

Title: () Delete Title: (X) Change () Addition

KRETCHETOFF, STELA Name: SOUZA, RENATA Name:

8421 S. ORANGE BLOSSOM TRAIL, UNIT 261 5412 BAYBROOK AVE Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32819

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: RENATA SOUZA S 02/12/2009