2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000004112

Entity Name: THE MUSTARD SEED INITIATIVE, INC

FILED May 22, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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3312 SW 1ST AVE 23200 SW 197 AVE

MIAMI, FL 33145 US HOMESTEAD, FL 33031 US

Current Mailing Address: New Mailing Address:

3312 SW 1ST AVE 23200 SW 197 AVE

MIAMI, FL 33145 US HOMESTEAD, FL 33031 US

FEI Number: 20-4340007 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:

JOHNSON, LAURIE L
3312 SW 1ST AVE
23200 SW 197 AVE

MIAMI, FL 33145 US HOMESTEAD, FL 33031 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: LAURIE JOHNSON-KAHN 05/22/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:JOHNSON, LAURIE LName:KAHN, LAURIE LAddress:3312 SW 1ST AVEAddress:23200 SW 197 AVE

City-St-Zip: MIAMI, FL 33145 US City-St-Zip: HOMESTEAD, FL 33031 US

Title: T () Delete Title: () Change () Addition

 Name:
 CADET, ROSENA
 Name:

 Address:
 9878 HAMMOCKS BLVD
 Address:

 City-St-Zip:
 MIAMI, FL 33196 US
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 STEINIG, LAURA
 Name:

 Address:
 210 MENDOZA AVE
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134 US
 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: LAURIE KAHN P 05/22/2008