

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005166

FILED
Oct 16, 2009
Secretary of State

Entity Name: SHALOM DEVELOPMENT CENTER, INC

Current Principal Place of Business:

900 NE 132ST
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

900 NE 132ST
MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-4905840 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:

AB CONSULTING & ACCOUNTING SERVICES, INC
1428 NE 163RD STREET
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

FLOREAL, JOANEM
900 NE 132 STREET
MIAMI, FL 3361 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: JOANEM FLOREAL

10/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLOREAL, JOANEM
Address: 7840 TROPICANA STREET
City-St-Zip: MIRAMAR, FL 33023

Title: S () Delete
Name: ESTRIPLET, RUTH
Address: 421 NE 210 CR TER APT 203
City-St-Zip: MIAMI, FL 33179

Title: T () Delete
Name: BLEMUR, ANIS
Address: 2340 SW 67LANE
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JEAN, LINDA
Address: 638 NE 141 STREET
City-St-Zip: MIAMI, FL 3316

Title: T (X) Change () Addition
Name: SIMEON, JUDE C
Address: 805 NW 121 STREET
City-St-Zip: MIAMI, FL 33168

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: JOANEM FLOREAL

P

10/16/2009

Electronic Signature of Signing Officer or Director

Date