

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005167

FILED
Oct 01, 2009
Secretary of State

Entity Name: NEW HARVEST FELLOWSHIP AG INC.

Current Principal Place of Business:

4289 BERRYHILL ROAD
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4289 BERRYHILL ROAD
PACE, FL 32571

New Mailing Address:

FEI Number: 22-3930878 **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

JONES, ANGELA J ESQ.
6460 JUSTICE AVENUE
MILTON, FL 32570 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: ANGELA J. JONES

10/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ISAACSON, ALAN R
Address: 4289 BERRYHILL ROAD
City-St-Zip: PACE, FL 32571

Title: VPD () Delete
Name: CONNELL, JAMES
Address: 4289 BERRYHILL ROAD
City-St-Zip: PACE, FL 32571

Title: SD () Delete
Name: JOHNSON, RON
Address: 4289 BERRYHILL ROAD
City-St-Zip: PACE, FL 32571

Title: T () Delete
Name: JOHNSON, RON
Address: 4289 BERRYHILL ROAD
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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: ALAN R. ISAACSON

P

10/01/2009

Electronic Signature of Signing Officer or Director

Date