2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000006728

Entity Name: THE LAST TESTIMONY / MITSOA INC.

FILED Jul 02, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

5273 LIGHTHOUSE ROAD 5115 KIPP PLACE ORLANDO, FL 32808 ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

P.O. BOX 607782 P.O. BOX 823

ORLANDO, FL 32818 CLAROCONA, FL 32710

FEI Number: 42-1730577 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:

THELOT, BERRY
5273 LIGHTHOUSE RD
5115 KIPP PLACE
ORLANDO, FL 32808 US
5115 KIPP PLACE
ORLANDO, FL 32808 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: JEAN AUGUSMA 07/02/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 THELOT, BERRY
 Name:
 AUGUSMA, JEAN

 Address:
 5273 LIGHTHOUSE RD
 Address:
 PO BOX 2802

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 DAVENPORT, FL 33836

Title: VP () Delete Title: () Change () Addition

 Name:
 OXIL, CHERIEZ
 Name:

 Address:
 6754 KNIGHTSWOOD DR
 Address:

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:

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

 Name:
 JOSEPH, RONALD
 Name:
 CHERENFANT, LEONIDE

 Address:
 691 ENCINO WAY
 Address:
 803 KENSINGTON DRIVE

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 ORLANDO, FL 32808

Title: TREA () Delete Title: () Change () Addition

 Name:
 PHITO, NOEL
 Name:

 Address:
 5115 KIPP PL
 Address:

 City-St-Zip:
 ORLANDO, FL 32808
 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: JEAN AUGUSMA P 07/02/2008