## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000011208

FILED Oct 02, 2007 Secretary of State

Entity Name: INTERNATIONAL MISSIONS A MICHELLE P. BROWN CORPORATION

Current Principal Place of Business:		New Principal Place of Business:	
	STH STREET E PINES, FL 33026		
Current Mailing Address:		New Mailing Address:	
	6TH STREET E PINES, FL 33026		
	FEI Number Applied For (X) FEI Nur e with s. 607.193(2)(b), F.S., the corporation did not receive to Address of Current Registered Agent:	mber Not Applicable ( ) Certificate of Status Desired (X) the prior notice.  Name and Address of New Registered Agent:	
BROWN, M 10101 NW ( PEMBROKE	ICHELLE BTH ST E PINES, FL 33026 US	BROWN, MICHELLE P 10101 NW 6TH ST PEMBROKE PINES, FL 33026 US	
in the State		of changing its registered office or registered agent, or both,	
SIGNATUR	E: MICHELLE P. BROWN	10/02/2007	
	Electronic Signature of Registered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	lS:
Title: Name: Address: City-St-Zip:	CD ( ) Delete BROWN, MICHELLE 10101 NW 6TH STREET PEMBROKE PINES, FL 33026	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D ( ) Delete SAMUELS, HANNAH 10101 NW 6TH STREET PEMBROKE PINES, FL 33026	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete MCINNIS, RICHARD 10101 NW 6TH STREET PEMBROKE PINES, FL 33026	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	S () Delete SHARPE, GENEVA 10101 NW 6TH STREET PEMBROKE PINES, FL 33026	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VC () Delete MAYNE, VERONICA 10101 NW 6TH STREET PEMBROKE PINES, FL 33026	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: MICHELLE P. BROWN CD 10/02/2007