

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011489

FILED
Nov 13, 2008
Secretary of State

Entity Name: ADOPTINTERNATIONAL, INC.

Current Principal Place of Business:

2001 BISCAYNE BLVD, 2111
MIAM, FL 33137

New Principal Place of Business:

Current Mailing Address:

2001 BISCAYNE BLVD, 2111
MIAM, FL 33137

New Mailing Address:

FEI Number: 75-9225248 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:

O'BRIEN, CANDACE
1524 EUCLID AVE., #3
MIAMI BEACH, FL 33139 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: CANDACE O'BRIEN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: O'BRIEN, CANDACE
Address: 1524 EUCLID AVE., #3
City-St-Zip: MIAMI BEACH, FL 33139

Title: V () Delete
Name: HIRSH, KIMBERLY
Address: 17 MAIN STREEET
City-St-Zip: CHARLESTOWN,, MA 02129

Title: V () Delete
Name: NEMEYER, LAURA DR.
Address: 262 UPLAND RD.
City-St-Zip: CAMBRIDGE, MA 02140

Title: V () Delete
Name: ENGELMAJER, MANUEAL
Address: 600 WEST 51ST STREET
City-St-Zip: MIAMI BEACH, FL 33140

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: CANDACE O'BRIEN

PRES

11/13/2008

Electronic Signature of Signing Officer or Director

Date