2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000000222

FILED Oct 23, 2008 Secretary of State

Entity Name: CENTRO CRISTIANO CASA DE MISERICORDIA INC

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	G BAY DRIVE D, FL 32832		10524 MOSS PARK F SUITE 204 PMB NO. ORLANDO, FL 3283	105	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	G BAY DRIVE), FL 32832		10524 MOSS PARK F SUITE 204 PMB NO. ORLANDO, FL 3283	105	
FEI Number:	: 02-0796419	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
5647 110T	STERED AGEN H AVE. NORTH ALM BEACH, FI		MELENDEZ, CARME 9939 LONG BAY DRI ORLANDO, FL 3283	VE	
	named entity s of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE: CARMEN	M. MELENDEZ		10/23/2008	
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS	S AND DIRECT	rors:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () MELENDEZ, CA PO BOX 780708 ORLANDO, FL	3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MELENDEZ, SA PO BOX 780708 ORLANDO, FL	3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MELENDEZ, JAI PO BOX 78078 ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FERNANDEZ, C PO BOX 780708 ORLANDO, FL	3	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CARMEN M. MELENDEZ D 10/23/2008