

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004247

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** DORO'S ANGELS DIABETES RELIEF FOUNDATION, INC.

**Current Principal Place of Business:**

19420 EAST COUNTRY CLUB DRIVE  
AVENTURA, FL 33180

**New Principal Place of Business:**

2000 NE 135 STREET  
A-803  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

19420 EAST COUNTRY CLUB DRIVE  
AVENTURA, FL 33180

**New Mailing Address:**

2000 NE 135 STREET  
A-803  
NORTH MIAMI, FL 33181

**FEI Number:** **FEI Number Applied For (X)** **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:**

TAX RESOURCE CENTER OF FLORIDA, INC.  
20401 NW 2ND AVENUE  
SUITE 103  
MIAMI, FL 33169 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: FRITZ MCKENZIE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KOUME, SOUADO  
Address: 19420 EAST COUNTRY CLUB DRIVE  
City-St-Zip: AVENTURA, FL 33180

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

Title: D ( ) Delete  
Name: KOUME, MAMADO  
Address: 19420 EAST COUNTRY CLUB DRIVE  
City-St-Zip: AVENTURA, FL 33180

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

Title: D ( ) Delete  
Name: DIOP, SEYDOU N PROFESS  
Address: 19420 EAST COUNTRY CLUB DRIVE  
City-St-Zip: AVENTURA, FL 33180

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SAMUEL, AMINATA  
Address: 2000 NE 135 STREET APT 803  
City-St-Zip: NORTH MIAMI, FL 33181

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: AMINATA SAMUEL

D

02/26/2009

Electronic Signature of Signing Officer or Director

Date