2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004517

DAVIE, FL 33024

City-St-Zip:

FILED May 24, 2009 Secretary of State

			,	
Entity Nar	ne: S. FL. EMPOWERMENT GROUP, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
7619 DAVIE ROAD EXTENSION DAVIE, FL 33024		17523 N.W. 61PL HIALEAH, FL 33015		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
7619 DAVI DAVIE, FL	E ROAD EXTENSION 33024	17523 N.W. 61 PL HIALEAH, FL 33015		
FEI Number: In accordance	26-0218413 FEI Number Applied For () FE ce with s. 607.193(2)(b), F.S., the corporation did not rece	Il Number Not Applicable() Bive the prior notice.	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent			f New Registered Agent:	
WRIGHT, DIANA 17523 NW 61 PLACE HIALEAH, FL 33015 US		CEO, DIANA WRIGH 17523 NW 61 PLACE HIALEAH, FL 33015		
in the State	named entity submits this statement for the purpo of Florida. RE: DIANA WRIGHT	se of changing its registere	d office or registered agent, or both, 05/24/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete WRIGHT, DIANA 17523 NW 61ST PLACE HIALEAH, FL 33024	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BUTLER, MAXINE 1510 NW 129TH STREET MIAMI, FL 33167	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () Delete ORR, GRACE 7619 DAVIE ROAD EXTENSION	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: DIANA WRIGHT CEO 05/24/2009