2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005802

FILED Oct 30, 2009 Secretary of State

Entity Name: SOUTH TEMPLE EMPOWERMENT PROJECT, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
1400 NW MIAMI, FL	17TH AVE 33142	4400 NW 17TH AVE MIAMI, FL 33242
Current M	lailing Address:	New Mailing Address:
1400 NW 17TH AVE MIAMI, FL 33142		P.O. BOX 420766 MIAMI, FL 33242
n accordan	: 37-1463324 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice. Name and Address of New Registered Agent:
vaille all	Address of Current Registered Agent.	
DAVIS, MARY 1400 NW 17TH AVE MIAMI, FL 33142 US		DAVIS, MARY 4400 NW 17TH AVE MIAMI, FL 33242 US
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: MARY DAVIS	10/30/2009
	Electronic Signature of Registered A	gent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Jame: Address: Dity-St-Zip:	CP () Delete SPIVEY, DAVID 1331 NW 52ND ST. MIAMI, FL 33142	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Nddress: Dity-St-Zip:	VCVP () Delete DAVIS, MARY 1070 NW 91ST ST MIAMI, FL 33150	Title: () Change () Addition Name: Address: City-St-Zip:
litle: Name: Address:	DS () Delete DAVIS, MARY E 1377 NW 75TH TERR. MIAMI, FL 33142	Title: () Change () Addition Name: Address: City-St-Zip:
City-St-Zip: Citle: Name: Address: City-St-Zip:	DT () Delete JOHNSON, MARLON 5051 WILES RD. COCONUT CREEK, FL 33073	Title: DT (X) Change () Addition Name: NARTEY, MONICA Address: 1019 NW 66TH STREET City-St-Zip: MIAMI, FL 33150
City-St-Zip: Title: Jame: Address:	JOHNSON, MARLON 5051 WILES RD.	Name: NARTEY, MONICA Address: 1019 NW 66TH STREET

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: MARY DAVIS RA 10/30/2009