2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2008
Secretary of State

DOCUMENT# N07000008931

Entity Name: RARE INCURABLE DISEASE SUPPORT INC.

Current Principal Place of Business:

3511 INVERRARY DRIVE
K107
LAUDERDALE, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

3511 INVERRARY DRIVE
K107
LAUDERDALE, FL 33319 US

New Mailing Address:

FEI Number: 74-3242520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MOORE, JO AN
3511 INVERRARY DRIVE
K107
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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: JO AN MOORE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOORE, JO AN
Address: 3511 INVERRARY DRIVE K 107
City-St-Zip: LAUDERHILL, FL 33319 US

Title: S ( ) Delete
Name: SMITH, TRACEY
Address: 3275 NW 44 STREET #5
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: T ( ) Delete
Name: OWENS, DORIS
Address: 3360 SPANISH MOSS TERRAACE BLDG. 4 #5
City-St-Zip: LAUDERHILL, FL 33319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: LAING, GLORIA
Address: 3603 LIME HILL ROAD
City-St-Zip: LAUDERHILL, FL 33319 US

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: JO AN MOORE P 10/22/2008

Electronic Signature of Signing Officer or Director — Date