

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000009008

**FILED**  
**Dec 08, 2010**  
**Secretary of State**

**Entity Name:** RECONNECTION OF FAMILYS FAITH BASE PROGRAM INC.

**Current Principal Place of Business:**

3111NOANDREW AVE.  
2&3  
OKALANDPARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3111NO ANDREW AVE  
2&3  
OKALANDPARK, FL 33309

**New Mailing Address:**

**FEI Number:** 71-1031127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILCOX, TWONDY G C.E.O.  
3111NO ANDREW AVE  
2&3  
OKALANDPARK, FL 33309 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: WILCOX TWONDY G

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V.P.  
Name: BROCKINGTON, ROOSEVELT  
Address: 3111NO ANDREW AVE 2&3  
City-St-Zip: OKALANPARK, FL 33309

Title: CE.O  
Name: WILCOX, TWONDY G  
Address: 311NO ANDREW AVE  
City-St-Zip: OKALAND PARK, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: WILCOX TWONDY G

CEO

12/08/2010

Electronic Signature of Signing Officer or Director

Date