

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010435

FILED  
Nov 17, 2008  
Secretary of State

**Entity Name:** UNITED JAMAICA NONPROFIT CORP.

**Current Principal Place of Business:**

725 ASPEN RD  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

725 ASPEN RD  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 75-3256645      **FEI Number Applied For ( )**      **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:**

HAYDEN, MICKECIA  
725 ASPEN RD  
WEST PALM BEACH, FL 33409      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: MICKECIA HAYDEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HAYDEN, MICKECIA  
Address: 725 ASPEN RD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VT      ( ) Delete  
Name: BLOOMFIELD, TENIKA  
Address: 725 ASPEN RD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S      ( ) Delete  
Name: WILLIAMS, VICTOR  
Address: 725 ASPEN RD  
City-St-Zip: WEST PALM BEACH, FL 33409

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

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

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

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: MICKECIA HAYDEN

P

11/17/2008

Electronic Signature of Signing Officer or Director

Date