

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004095

FILED
Nov 15, 2009
Secretary of State

Entity Name: HEAVENLY BLESSINGS FOUNDATION INC

Current Principal Place of Business:

6445 S. CHICKASAW TRAIL, #149
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

6445 S. CHICKASAW TRAIL, #149
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 02-0757141 **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:

KEARSE, GLEN M
8958 VENEZIA PLANTATION DRIVE
ORLANDO, FL 32829 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: GLEN M KEARSE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KEARSE, GLEN M CFO
Address: 6445 S. CHICKASAW TRAIL, #149
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: DEL VALLE, IRINA
Address: 6445 S. CHICKASAW TRAIL, #149
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: WIGGINS, MICHELLE
Address: 3605 CARAMEL AVENUE, APT #121
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: KEARSE, GLEN M CFO
Address: 6445 S. CHICKASAW TRAIL, #149
City-St-Zip: ORLANDO, FL 32829

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: GLEN M KEARSE

Electronic Signature of Signing Officer or Director

DIR

11/15/2009

Date