

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

DOCUMENT# N08000004635

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Entity Name:** MOMS4GOD, INC.

**Current Principal Place of Business:**

10808 AIRVIEW DRIVE  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

10808 AIRVIEW DRIVE  
TAMPA, FL 33625

**New Mailing Address:**

**FEI Number:** 26-2460003      **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:**

DORSEY, JANJI  
10808 AIRVIEW DRIVE  
TAMPA, FL 33625 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:** JANJI DORSEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DORSEY, JANJI  
**Address:** 10808 AIRVIEW DRIVE  
**City-St-Zip:** TAMPA, FL 33625

**Title:** VPD  
**Name:** WEBB, JESSICA  
**Address:** 654 BREEZEWAY COURT  
**City-St-Zip:** BRANDON, FL 33511

**Title:** SD  
**Name:** WRIGHT, LECRECIA  
**Address:** 11150 4TH STREET NORTH, #3316  
**City-St-Zip:** ST. PETERSBURG, FL 33625

**Title:** TD  
**Name:** ANDERSON, CHANTEL  
**Address:** 12708 HOLYOKE AVENUE  
**City-St-Zip:** TAMPA, FL 33625

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:** JANJI DORSEY

MRS

01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date