

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

DOCUMENT# N08000005723

**FILED**  
**Sep 02, 2010**  
**Secretary of State**

**Entity Name:** ORGANIZATION DEDICATED TO RESCUING UNFORTUNATE PEOPLE, INC.

**Current Principal Place of Business:**

101 N.E. 121ST STREET  
MIAMI, FL 331615340

**New Principal Place of Business:**

1590 NW 123 STREET  
MIAMI, FL 33167 US

**Current Mailing Address:**

101 N.E. 121ST STREET  
MIAMI, FL 331615340

**New Mailing Address:**

1590 NW 123 STREET  
MIAMI, FL 33167 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEMESIER, DODELINE  
101 N.E. 121ST STREET  
MIAMI, FL 331615340 US

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

DEMESIER, DODELINE  
1590 NW 123 STREET  
MIAMI, FL 33167 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: DODELINE DEMESIER

09/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: DEMESIER, DODELINE  
Address: 1590 NW 123 STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: DVP  
Name: METELLUS, JEAN R  
Address: 1590 NW 123 STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: DS  
Name: AVRIE, JULIEN  
Address: 807 NE 199 STREET APT 205  
City-St-Zip: MIAMI, FL 33179 US

Title: DT  
Name: SISI, KENAUD  
Address: 21300 NW 14 PLACE  
City-St-Zip: MIAMI, FL 33169 US

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: DODELINE DEMESIER

PRES

09/02/2010

Electronic Signature of Signing Officer or Director

Date