

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009187

FILED
Nov 20, 2009
Secretary of State

Entity Name: THE JUST RELIEVE FOUNDATION, INC.

Current Principal Place of Business:

150 S.E. 2ND AVENUE
SUITE 402
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

150 S.E. 2ND AVENUE
SUITE 402
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

GONZALEZ, RUBY
150 S.E. 2ND AVENUE
SUITE 402
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GONZALEZ, RUBY S PD
150 S.E. 2ND AVENUE
SUITE 402
MIAMI, FL 33131 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: RUBY GONZALEZ

11/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, RUBY
Address: 150 S.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: RODRIGUEZ, SANTOS
Address: 12219 SW 14 LANE
City-St-Zip: MIAMI, FL 33184

Title: COO (X) Delete
Name: MCCLURE, SEAN
Address: 16503 SW 103 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: EO (X) Delete
Name: FAJARDO, JORGE
Address: 1557 MERIDIAN AVE. # 206
City-St-Zip: MIAMI BEACH, FL 33139

Title: ED (X) Delete
Name: GONZALEZ, RUBY
Address: 325 S. BISCAYNE BLVD. # 3123
City-St-Zip: MIAMI, FL 33131

Title: SECR (X) Delete
Name: LEVY, AMY
Address: 1557 MERIDIAN AVE # 206
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, RUBY S PD
Address: 150 S.E. 2ND AVENUE # 402
City-St-Zip: MIAMI, FL 33131 US

Title: VP (X) Change () Addition
Name: FAJARDO, JORGE E VP
Address: 150 S.E. 2ND AVENUE # 402
City-St-Zip: MIAMI, FL 33131 US

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

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Name:
Address:
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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: RUBY GONZALEZ

PD

11/20/2009

Electronic Signature of Signing Officer or Director

Date