

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000010771

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** CHILDREN EMPOWERMENT INTERNATIONAL CORP.

**Current Principal Place of Business:**

2861 N. W. 19TH STREET  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2861 N. W. 19TH STREET  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 26-3781065      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

SALGADO, GREGORY J JR  
721 BELVEDERE RD  
WEST PALM BEACH, FL 33405      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: LENIERE DUVRA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DUVRA, LENIER  
Address: 5516 NW SEPTER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP      ( ) Delete  
Name: CHERISOL, BURNET  
Address: 601 SW JORDIN AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T      ( ) Delete  
Name: BOILEAU, FRANCIUS  
Address: 5251 GOLDEN GATE PARKWAY STE F  
City-St-Zip: NAPLES, FL 34116

Title: S      ( ) Delete  
Name: ALCENAT, SAUREL  
Address: 4135 TORRES CIRCLE  
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:

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: LENIERE DUVRA

P

10/20/2009

Electronic Signature of Signing Officer or Director

Date