

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000002993

**FILED**  
**Jan 30, 2013**  
**Secretary of State**

**Entity Name:** ADVOCATES FOR WORLD HEALTH, INC.

**Current Principal Place of Business:**

5044 CUMBERLAND LANE  
SPRING HILL, FL 34607

**New Principal Place of Business:**

13650 N. 12TH, ST  
TAMPA, FL 33613

**Current Mailing Address:**

5044 CUMBERLAND LANE  
SPRING HILL, FL 34607

**New Mailing Address:**

**FEI Number:** 26-4695101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANIA, RYAN M  
5044 CUMBERLAND LANE  
SPRING HILL, FL 34607 US

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

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:** RYAN KANIA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** ED  
**Name:** RYAN, KANIA M  
**Address:** 5044 CUMBERLAND LANE  
**City-St-Zip:** SPRING HILL, FL 34607 US

**Title:** D  
**Name:** JOSH, MILLER  
**Address:** 5044 CUMBERLAND LANE  
**City-St-Zip:** SPRING HILL, FL 34607 US

**Title:** D  
**Name:** JORDAN, MARKEL  
**Address:** 5044 CUMBERLAND LANE  
**City-St-Zip:** SPRING HILL, FL 34607 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:** RYAN KANIA

ED

01/30/2013

Electronic Signature of Signing Officer or Director

Date