2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2010
Secretary of State

DOCUMENT# N09000003893

Entity Name: HEALTHY FAMILIES FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1037 STATE ROAD 7
SUITE 213
WELLINGTON, FL 33414

New Principal Place of Business:

1037 STATE ROAD 7
SUITE 211
WELLINGTON, FL 33414

Current Mailing Address:

1037 STATE ROAD 7
SUITE 213
WELLINGTON, FL 33414

New Mailing Address:

1037 STATE ROAD 7
SUITE 211
WELLINGTON, FL 33414

FEI Number: 26-4721187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER, PA
660 US HIGHWAY ONE
THIRD FLOOR
NORTH PALM BEACH, FL 33408 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: VINCENT APICELLA

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: APICELLA, VINCENT M
Address: 1037 STATE ROAD 7, SUITE 211
City-St-Zip: WELLINGTON, FL 33414

Title: VP
Name: ARMBRUST, LEO
Address: 1037 STATE ROAD 7, SUITE 211
City-St-Zip: WELLINGTON, FL 33414

Title: TREA
Name: BAGO, MARIACLARA
Address: 1037 STATE ROAD, SUITE 211
City-St-Zip: WELLINGOTN, FL 33414

Title: SEC
Name: PROL, ELIZABETH
Address: 1037 STATE ROAD 7, SUITE 211
City-St-Zip: WELLINGOTN, FL 33414

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: VINCENT M APICELLA PRES 10/08/2010

Electronic Signature of Signing Officer or Director — Date