

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000006265

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** THE LEBERT & EDNA THOMPSON INTERNATIONAL INC

**Current Principal Place of Business:**

4560 PINE STREET  
COCOA, FL 32926

**New Principal Place of Business:**

429 MERMAID COVE  
PAFB, FL 32925

**Current Mailing Address:**

4560 PINE STREET  
COCOA, FL 32926

**New Mailing Address:**

P. O. BOX 254548  
PAFB, FL 32925

**FEI Number:** 26-4352831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOSTER, ALFONSO  
927 E NEW HAVEN SUITE 314  
MELBOURNE, FL 32901 US

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

WILSON-ROZIER, CARMEN  
429 MERMAID COVE  
PAFB, FL 32925 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: CARMEN WILSON-ROZIER

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRODERICK, ARLENE  
Address: 327 CASTLEWOOD LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP  
Name: WILSON-ROZIER, CARMEN  
Address: 429 MERMAID COVE  
City-St-Zip: PAFB, FL 32925

Title: COO  
Name: ROZIER, GARY  
Address: 429 MERMAID COVE  
City-St-Zip: PAFB, FL 32925

Title: S  
Name: YEARWOOD, MICHELLE  
Address: 312 BROOKCREST CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: CFO  
Name: TERESA, KING  
Address: 1004 HAYDEN RD  
City-St-Zip: ROCKLEDGE, FL 32955

Title: PRO  
Name: ERNESTINE, JAMES  
Address: 195 TREASURE STREET  
City-St-Zip: MERRITT ISLAND, FL 32952

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: ARLENE BRODERICK

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date

N09000006265  
5-1-12

**Name And Address #7** N09000006265 —  
**Title** ASST. PRO  
**Name (Last, First, Middle, Title)** KEISHA, M, DEGROAT  
**Street Address** 267 PEBBLE HILL WAY  
**City, State** ROCKLEDGE, FL  
**Zip Code & Country** 32952  
**Title** P  
**Officer/Director Signature** ARLENE  
BRODERICK