2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000007419

FILED Oct 13, 2010 Secretary of State

Entity Name: CENTER FOR FAMILY EMPOWERMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

1221 N.E. 206TH STREET 1960 BAYBERRY DR

MIAMI, FL 33179 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

1221 N.E. 206TH STREET 1960 BAYBERRY DR

MIAMI, FL 33179 PEMBROKE PINES, FL 33024

FEI Number: 90-0512018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MATHIEU, LINDA ELEAZARD, MARIE 1221 N.E. 206TH STREET 1480 NW 144 AVE

MIAMI, FL 33179 US PEMBROKE PINES, FL 33028 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: MARIE ELEAZARD 10/13/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD

Name: MATHIEU, LINDA

Address: 9205 RAMBLEWOOD DRIVE, SUITE 834

City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD

Name: THONY, FLORENCE P Address: 1960 BAYBERRY DR.

City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD

Name: ELEAZARD, MARIE E Address: 1480 NW 144 AVE

City-St-Zip: PEMBROKE PINES, FL 33028

Title: \

 Name:
 CARRE, MARYSE B

 Address:
 12280 SW 251 TERRACE

 City-St-Zip:
 PRINCETON, FL 33032

Title: T

 Name:
 CESAR, REMUS

 Address:
 195 NE 134 STREET

 City-St-Zip:
 MIAMI, FL 33161

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: MARIE ELEAZARD PD 10/13/2010