

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000008671

FILED  
Sep 28, 2010  
Secretary of State

Entity Name: MITZVOT L'TZION INC.

**Current Principal Place of Business:**

1757 SOPHIAS DRIVE  
207  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

1757 SOPHIAS DRIVE  
207  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 26-3997725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WILLIAMS, ELIZABETH M  
1757 SOPHIAS DRIVE  
207  
MELBOURNE, FL 32940 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: ELIZABETH M. WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, ELIZABETH M  
Address: 1757 SOPHIAS DRIVE #207  
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP  
Name: RICHMOND, VICTOR E  
Address: 29 S. HAWTHORNE STREET  
City-St-Zip: MANCHESTER, CT 06040 US

Title: BM  
Name: HOUSEMAN, GEOFFREY  
Address: PO BOX 481  
City-St-Zip: YAVNIEL, IL 15225 IL

Title: BM  
Name: BENTON, SUSANNA J  
Address: 3431 WORSHAM CT.  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: BM  
Name: JOHNSON, SUSAN M  
Address: 3942 SAFFLOWER TERRACE  
City-St-Zip: OVIEDO, FL 32766 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: ELIZABETH M. WILLIAMS

P

09/28/2010

Electronic Signature of Signing Officer or Director

Date