

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000011986

FILED  
Apr 29, 2012  
Secretary of State

Entity Name: BAYO SHELTER, INC.

## Current Principal Place of Business:

2466 SW ANGUS AVE  
PORT SAINT LUCIE, FL 34953 US

## New Principal Place of Business:

850 NW FEDERAL HIGHWAY  
SUITE 427  
STUART, FL 34953 US

## Current Mailing Address:

2466 SW ANGUS AVE  
PORT SAINT LUCIE, FL 34953 US

## New Mailing Address:

850 NW FEDERAL HIGHWAY  
SUITE 427  
STUART, FL 34953 US

FEI Number: 27-1503822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PHILOGENE, BEATRICE  
2466 SW ANGUS AVE  
PORT SAINT LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

PHILOGENE, EMMANUEL  
2466 SW ANGUS AVE  
PORT SAINT LUCIE, FL 34953 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: EMMANUEL PHILOGENE

04/29/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D P  
Name: PHILOGENE, BEATRICE  
Address: 2466 SW ANGUS AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: D D  
Name: FRANCIS, EUGENE REV.  
Address: 614 SE THORNHILL  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: D S  
Name: PHILOGENE, EMMANUEL  
Address: 2466 ANGUS AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: D T  
Name: MAAT, MARIAN  
Address: 266 SE TRASALGAR TERR  
City-St-Zip: STUART, FL 34994 US

Title: D  
Name: JOSE, ALVAREZ M  
Address: 850 SW ANGUS AVE , SUITE 427  
City-St-Zip: STUART, FL 34994 US

Title: D  
Name: FREMONT, MALHERBE  
Address: 411 NARDO AVE SW  
City-St-Zip: PALM BAY, FL 32908

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: EMMANUEL PHILOGENE

D S

04/29/2012

Electronic Signature of Signing Officer or Director

Date