

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000001770

FILED
Apr 16, 2013
Secretary of State

Entity Name: MINORITY AIDS/HIV SOCIAL SERVICE INC.

Current Principal Place of Business:

4550 47TH ST. WEST #426
BRADENTON, FL 34210

New Principal Place of Business:

4120 52ND ST CT W
BRADENTON, FL 34209 US

Current Mailing Address:

4550 47TH ST. WEST #426
BRADENTON, FL 34210

New Mailing Address:

4120 52ND ST CT W
BRADENTON, FL 34209 US

FEI Number: 27-4391630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DENT-GOOD, JOYCE
4550 47TH ST. WEST #111
BRADENTON, FL 34210 US

Name and Address of New Registered Agent:

DENT-GOOD, JOYCE L CEO
4120 52ND ST CT W
BRADENTON, FL 34209 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: JOYCE DENT-GOOD CEO

04/16/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCEO
Name: DENT-GOOD, JOYCE
Address: 4120 52ND ST CT W
City-St-Zip: BRADENTON, FL 34209

Title: T
Name: DENT-GOOD, JOYCE
Address: 4120 52ND ST CT W
City-St-Zip: BRADENTON, FL 34209

Title: S
Name: WALLS, CATHY
Address: 2402 15TH AVE. WEST
City-St-Zip: BRADENTON, FL 34208

Title: T
Name: PAGAN, JAMI
Address: 620 12TH AVE. WEST
City-St-Zip: BRADENTON, FL 34208

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: JOYCE DENT-GOOD

CEO

04/16/2013

Electronic Signature of Signing Officer or Director

Date