

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N20643

**FILED**  
**Nov 22, 2004**  
**Secretary of State****Entity Name:** OPA-LOCKA RESCUE MISSION, INC.**Current Principal Place of Business:**4450 NW 135 STREET  
OPA-LOCKA, FL 33054 US**New Principal Place of Business:**1101 DUNAD AVENUE  
OPA-LOCKA, FL 33054 US**Current Mailing Address:**P.O. BOX 54-1491  
OPA-LOCKA, FL 33054 US**New Mailing Address:****FEI Number:** 59-2807415      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**TYDUS, ROSE  
1101 DUNAD AVE  
OPA-LOCKA, FL 33054 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** TYDUS, ROSE  
**Address:** 1101 DUNAD AVE  
**City-St-Zip:** OPA LOCKA, FL 33054**Title:** D ( ) Delete  
**Name:** DARITY, ROXIE  
**Address:** 970 NE 113 STREET  
**City-St-Zip:** BISCAYNE PARK, FL**Title:** D ( ) Delete  
**Name:** WATSON, TOMMY  
**Address:** 19900 S.W. 260 ST.  
**City-St-Zip:** HOMESTEAD, FL 33031**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROSE TYDUS

PRES

11/22/2004

Electronic Signature of Signing Officer or Director

Date