

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N32161

FILED
Mar 11, 2010
Secretary of State

Entity Name: THEOFORES, INC.

Current Principal Place of Business:

5315 SW 8TH CT.
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1090
FORT LAUDERDALE, FL 33302

New Mailing Address:

1016 NE 37TH STREET
OAKLAND PARK, FL 33334

FEI Number: 65-1105344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOUIS, ENOCK P
5315 SW 8TH CT.
MARGATE, FL 33068 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: ENOCK P. LOUIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LOUIS, ENOCK P
Address: 5315 SW 8TH CT
City-St-Zip: MARGATE, FL 33068

Title: V
Name: ST. AMOUR, MAXI
Address: 2111 N.W. 55 AVENUE
City-St-Zip: LAUDERHILL, FL 33313

Title: S
Name: FILS-AIME, JEAN C
Address: 161 N.W. 38 STREET
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: T
Name: ST. AMOUR, DUCK
Address: 5820 N.W. 18TH COURT
City-St-Zip: SUNRISE, FL 33313

Title: T
Name: PIERRE, SOLANGE J
Address: 4621 N.W. 74 AVENUE
City-St-Zip: LAUDERHILL, FL 33319

Title: T
Name: SAINTERVILLE, PIERRE
Address: 1500 NW 62 TR.
City-St-Zip: MARGATE, FL 33063

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: ENOCK LOUIS P

P

03/11/2010

Electronic Signature of Signing Officer or Director

Date