

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000003025

FILED
Sep 28, 2006
Secretary of State

Entity Name: REBUILDING TOGETHER WITH CHRISTMAS IN APRIL, GREATER MIAMI, INC.

Current Principal Place of Business:

8495 SW 103 ST
MIAMI, FL 33156 US

New Principal Place of Business:

5900 SW 73 STREET
303
MIAMI, FL 33143 US

Current Mailing Address:

8495 SW 103 ST
MIAMI, FL 33156 US

New Mailing Address:

5900 SW 73 STREET
303
MIAMI, FL 33143 US

FEI Number: 65-0424304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASAL, CARLOS I
8495 SW 103 ST
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

MILLER, WILLIAM R
5900 SW 73 STREET
303
MIAMI, FL 33143 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: WILLIAM R MILLER

09/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARLOS, CASAL I
Address: 8495 SW 103 ST
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: LEVINE, MIKE
Address: C/O MURTON ROOFING 7600 NW 74TH AVE
City-St-Zip: MIAMI, FL 33166

Title: TREA () Delete
Name: BROWNING, TODD
Address: WASHINGTON MUTUAL BANK 17760 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SEC () Delete
Name: MARRACCINI, LINDA DR
Address: 6280 SUNSET DR
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D () Delete
Name: FAGENBAUM, MARC
Address: US COAST GUARD 100 MACARTHUR CSWY
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: MURPHY, MICHAEL P
Address: COASTAL CONSTRUCTION 14141 SW 69 AVE
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, WILLIAM R
Address: 5900 SW 73 STREET #303
City-St-Zip: MIAMI, FL 33143

Title: VP (X) Change () Addition
Name: TEASDALE, RON
Address: SUNTRUST INVESTMENT 8699 NW 36 STREET
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILLS, LEN
Address: ASSOCIATED GENERAL CONT. PO BOX 267607
City-St-Zip: SUNRISE, FL 33326

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 Chapter 119, 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: WILLIAM R MILLER

P

09/28/2006

Electronic Signature of Signing Officer or Director

Date