

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000004038

FILED  
May 04, 2006  
Secretary of State

Entity Name: LIVING BREAD OF LIFE, INC.

**Current Principal Place of Business:**

9645 DANTEL DRIVE  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

7650 FOREST TRAIL # 5  
NEW PORT RICHEY, FL 34668

**Current Mailing Address:**

9645 DANTEL DRIVE  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

7650 FOREST TRAIL # 5  
NEW PORT RICHEY, FL 34668

FEI Number: 59-3266070      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

FLOREZ, FREDA  
9645 DANTEL DRIVE  
NEW PORT RICHEY, FL 34654      US

**Name and Address of New Registered Agent:**

FLOREZ, FREDA  
7650 FOREST TRAIL # 5  
NEW PORT RICHEY, FL 34668      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: FREDA FLOREZ

05/04/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: FREDA FLOREZ,  
Address: 9645 DANTEL DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD      (X) Delete  
Name: FREDA FLOREZ,  
Address: 9645 DANTEL DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TD      (X) Delete  
Name: COTE, LANE  
Address: 18 COUNTRY CLUB RD  
City-St-Zip: COCOA BEACH, FL 32931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: FLOREZ, FREDA  
Address: 7650 FOREST TRAIL # 5  
City-St-Zip: NEW PORT RICHEY, FL 34668

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 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: FREDA FLOREZ

PD

05/04/2006

Electronic Signature of Signing Officer or Director

Date