

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 28 AM 7:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N95000004291**

1. Entity Name  
ORIENTAT:ON CENTER FOR PREVENTION OF  
DOMESTIC ASSAULT INC.



Principal Place of Business  
5040 G ELMHURST ROAD  
WEST PALM BEACH, FL 33417

Mailing Address  
5040 G ELMHURST ROAD  
WEST PALM BEACH, FL 33417

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04-28-07 01023 016 F70-00  
102-25-07  
**REINSTATEMENT**  
12-25-07 (1/07) 01

4. FEI Number  
65-0653495

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CENTER FOR MINORITY HUMAN SVS. PROVIDER  
301 BROADWAY STE 300  
RIVERIA BEACH, FL 33404 *Service*

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marina Castiblanco* 12-25-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2008, Fee will be \$297.50**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALGADO, MELISSA 901 PALM BEACH TEACE DR. WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PINO, BELLANIRA 4804 SARATOGA ROAD WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTIBLANCO, MARINA 5040 G ELMHURST RD W PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MIRIAM, AVILES 8894 SPRING VALLEY DR. BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800112679628 11/29/07--01004--005 **175.00 VILLA DALIA 834 W LAKEWOOD RD WEST PALM BEACH FL, 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marina Castiblanco* MARINA CASTIBLANCO 11-25-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #