

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000002840

FILED
Oct 20, 2008
Secretary of State

Entity Name: RESTORATION FELLOWSHIP CENTER, INC.

Current Principal Place of Business:

5619 S UNIVERSITY DR.
DAVIE, FL US

New Principal Place of Business:

1625 SOUTH SR 7
NORTH LAUDERDALE, FL 33068 US

Current Mailing Address:

1430 NW 47TH AVE
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 65-0754022 **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:

HYLTON, WORRELL R
1430 NW 47 AVE
COCONUT CREEK, FL 33063 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: WORRELL HYLTON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HYLTON, WORRELL
Address: 1430 NW 47 AVE
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: V () Delete
Name: HYLTON, LORIS ANNE
Address: 1430 NW 47 AVE
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: ST () Delete
Name: WHITTAKER, WILDER
Address: 6303 NAVAJO TERR
City-St-Zip: MARGATE, FL 33063 US

Title: D () Delete
Name: BRYAN, CARMEN
Address: 2840 SOMERSET DR BLD M, APT 309
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: P () Delete
Name: HYLTON, WORRELL R SR.
Address: 1430 NW 47 AVE
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: V () Delete
Name: HYLTON, LORIS-ANNE
Address: 1430 NW 47 AVE
City-St-Zip: COCONUT CREEK, FL 33063 US

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:

Title: () Change () Addition
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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 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: WORRELL HYLTON

P

10/20/2008

Electronic Signature of Signing Officer or Director

Date