



FILED

09 FEB -3 PM 5:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01162600Z RELENTNP 06082009 (1/07) **REINSTATEMENT** 08-09

<b>DOCUMENT # N96000003282</b>						<b>FILED</b>	
<b>1. Entity Name</b> THE OPEN DOOR ECONOMIC DEVELOPMENT CORPORATION						<b>09 FEB -3 PM 5: 50</b>	
<b>Principal Place of Business</b> 16140 SW 87 AVENUE MIAMI, FL 33157				<b>Mailing Address</b> P O BOX 510156 MIAMI, FL 33151		<b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>2. Principal Place of Business - No P.O. Box #</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.		<b>REINSTATEMENT</b> 08-08	
City & State				City & State		<b>4. FEI Number</b> 65-0683056	
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>MACK, ASTRID</b> 5020 NW 1 AVENUE MIAMI, FL 33127				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	
<b>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.</b>							
SIGNATURE <i>Astrid Mack</i> <b>ASTRID MACK</b>				DATE <b>1/19/09</b>			
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, PAUL 16140 SW 87 AVENUE MIAMI, FL 44157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000142712250 02/03/09--01016--015 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUGHT, LORRAINE 5221 N.W. 5 AVE. MIAMI, FL 33127	<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 BUTLER, HOSEA JR 6517 N.W. 201 TERR MIAMI, FL 33015	<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	VD JOHNSON, JUANITA 20225 NE HIGHLAND LAKES BLVD MIAMI, FL 33179	<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		
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		
<b>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.</b>							
SIGNATURE: <i>Hosea Butler Jr</i> <b>HOSEA BUTLER JR TD</b>				DATE <b>1/19/09</b> 305-628-0727			