## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N97000006206

FILED Nov 28, 2006 Secretary of State

Entity Name: KNANAYA CATHOLIC ASSOCIATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6906 E WEDGEWOOD AVENUE DAVIE, FL 33331 **Current Mailing Address: New Mailing Address:** 6906 E WEDGEWOOD AVENUE **DAVIE, FL 33331** FEI Number: 65-0792134 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: Name and Address of New Registered Agent: IDICULLA, BABYCHAN 6906 E WEDGEWOOD AVENUE DAVIE, FL 33331 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: BABYCHAN IDICULLA Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SIMON, JOSEPH P Name: Name: Address: 5951 NW 55 MANOR Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: Title: ( ) Delete Title: () Change () Addition KALLADANTHIYIL, SIBY Name: Name: Address: 9863 NW 26 PLACE Address: City-St-Zip: SUN RISE, FL 33332 City-St-Zip: Title: () Delete Title: () Change () Addition OTTAPPALLIL, STEPHEN Name: Name: 11122 BOSTON DR Address: Address: City-St-Zip: COOPER CITY, FL 33026 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: KURUVILLA, SHEELA Name: 6451 NW 65 TH TERRACE Address: Address: City-St-Zip: PARK LAND, FL 33067 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: JOSEPH P SIMON P 11/28/2006