

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N97000006913

**FILED**  
**Oct 19, 2004**  
**Secretary of State****Entity Name:** A M O S PROJECT, INC.**Current Principal Place of Business:**1350 SW 4 ST  
HOMESTEAD, FL 33030**New Principal Place of Business:**951 SW 4 ST  
HOMESTEAD, FL 33030**Current Mailing Address:**1350 SW 4ST  
HOMESTEAD, FL 33030 US**New Mailing Address:**951 SW 4ST  
HOMESTEAD, FL 33030 US**FEI Number:** 31-1596859 **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:**LUYTJES, DOROTHEA  
12920 SW 60 AE  
MIAMI, FL 33156 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** LUYTJES, DOROTHEA  
**Address:** 12920 SW 60TH AVE  
**City-St-Zip:** MIAMI, FL 33156**Title:** STD ( ) Delete  
**Name:** BELL, CAROLE A  
**Address:** 8139 SW 82ND PL  
**City-St-Zip:** MIAMI, FL 33143**Title:** D ( ) Delete  
**Name:** THOMAS, CURTIS  
**Address:** 1055 NW 6 AVE  
**City-St-Zip:** FLORIDA CITY, FL 33034**Title:** PD ( ) Delete  
**Name:** KEITH, GLORIA  
**Address:** 21473 SW 91 AVE  
**City-St-Zip:** MIAMI, FL 33189**Title:** D ( ) Delete  
**Name:** CRYER, CLARENCE SR  
**Address:** 18680 SW 200 ST  
**City-St-Zip:** MIAMI, FL 33187**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:** PD (X) Change ( ) Addition  
**Name:** EVANS-COLEMAN, ROSE L  
**Address:** 20510 SW 122 CT.  
**City-St-Zip:** MIAMI, FL 33177**Title:** D (X) Change ( ) Addition  
**Name:** WITTE, KATE  
**Address:** 22320 MIAMI AVENUE  
**City-St-Zip:** MIAMI, FL 33170

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROSE L. EVANS-COLEMAN

DIR.

10/19/2004

Electronic Signature of Signing Officer or Director

Date