

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000001263

FILED  
Sep 30, 2005  
Secretary of State

**Entity Name:** CHARITIES OF THE DIVINE MERCY, INC.

**Current Principal Place of Business:**

10011 DOMINICAN DR  
MIAMI, FL 331891625

**New Principal Place of Business:**

5874 NW 198 TERRACE  
MIAMI, FL 33015

**Current Mailing Address:**

10011 DOMINICAN DR  
MIAMI, FL 331891625

**New Mailing Address:**

5874 NW 198TH TERRACE  
MIAMI, FL 33015

**FEI Number:** 65-0820577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMBROISE ATENCIO, MATHILDE A  
1100 7TH STREET  
LAKE PARK, FL 33403 US

**Name and Address of New Registered Agent:**

AARONS, PIERRE R  
5874 NW 198TH TERRACE  
MIAMI, FL 33015 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: PIERRE R. AARONS

09/30/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDCE ( ) Delete  
Name: LEGER, PATRICK  
Address: 10011 DOMINICAN DR  
City-St-Zip: MIAMI, FL 331891625

Title: TSD (X) Delete  
Name: LEGER, KATHLEEN  
Address: 10011 DOMINICAN DR  
City-St-Zip: MIAMI, FL 331891625

Title: DF ( ) Delete  
Name: PEARSON, RAYMOND FATHER  
Address: 10011 DOMINICAN DR  
City-St-Zip: MIAMI, FL 331891625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDCE (X) Change ( ) Addition  
Name: AARONS, PIERRE  
Address: 5874 NW 198TH TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SCY (X) Change ( ) Addition  
Name: PEARSON, RAYMOND FATHER  
Address: 5874 NW 198TH TERRACE  
City-St-Zip: MIAMI, FL 33015

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: PIERRE R. AARONS

PDCE

09/30/2005

Electronic Signature of Signing Officer or Director

Date