

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000004117

FILED
Oct 10, 2006
Secretary of State

Entity Name: MANDANA INTERNATIONAL YOUTH FOUNDATION, INC.

Current Principal Place of Business:

401 E. LAS OLAS BLVD.
SUITE 1470A, 14TH FLOOR
FT. LAUDERDALE, FL 33301 US

Current Mailing Address:

401 E. LAS OLAS BLVD.
SUITE 1470A, 14TH FLOOR
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

401 E. LAS OLAS BLVD.
SUITE 1400, 14TH FLOOR
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

401 E. LAS OLAS BLVD.
SUITE 1400, 14TH FLOOR
FT. LAUDERDALE, FL 33301 US

FEI Number: 52-2120233 **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:

SHARIFI, MANDANA D
16 NE 11TH AVE
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

SHARIFI, MANDANA D
2426 SE 17TH STREET
APT A102
FT. LAUDERDALE, FL 33301 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: MANDANA SHARIFI

10/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHARIFI, MANDANA
Address: 16 NE 11TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: D () Delete
Name: FIZER, ED
Address: ROUTE 1 BOX 254
City-St-Zip: PARK FOREST, IL 60466 US

Title: D () Delete
Name: PERINCHIEF, PHIL
Address: 42 CASHEW CITY ROAD
City-St-Zip: ST. DAVIDS, BERMUDA, BD BERMUDA OC

Title: D () Delete
Name: WORRELL, LUCINDA
Address: 237 NORTH SHORE
City-St-Zip: BAILEY BAY, BERMUDA CR04, BD BERMUDA OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHARIFI, MANDANA
Address: 2426 SE 17TH STREET APT A102
City-St-Zip: FT. LAUDERDALE, FL 33316 US

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

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

Title: D (X) Change () Addition
Name: LEE, HOWARD
Address: 9 CLOVERDALE RD
City-St-Zip: DEVONSHIRE, BD BERMUDA OC

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: MANDANA SHARIFI

D

10/10/2006

Electronic Signature of Signing Officer or Director

Date