

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000004415

FILED
Nov 18, 2009
Secretary of State

Entity Name: NEW VISIONS FOR SOUTH DADE INC.

Current Principal Place of Business:

424 S.W. 11TH AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

424 S.W. 11TH AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 31-1624820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRACHER, DOUGLAS J ESQ
317 NORTH KROME AVENUE
HOMESTEAD, FL 33030 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: DOUGLAS J. PRACHER ESQ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, JEFFREY B
Address: 424 S.W. 11TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: BROWN, DARWIN B
Address: 1760 WEST MOWRY COURT
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: WASHINGTON, LISA
Address: 16350 SOUTH WEST 145TH AVENUE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: CLARK, HARCOURT
Address: 807 NE 199TH STREET, UNIT 108
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: HUNTER, MERCEDES
Address: 1400 NW 3RD AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: BULLARD, VALNECIA
Address: 424 SOUTH WEST 11TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

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

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

Title: D (X) Change () Addition
Name: BROWN, VALNECIA D
Address: 424 SOUTH WEST 11TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify 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: VALNECIA D. BROWN

SECR

11/18/2009

Electronic Signature of Signing Officer or Director

Date