

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 06, 2004
Secretary of State**

DOCUMENT# N98000005383

Entity Name: EMMANUEL'S HOUSE OF RESTORATION, INC.

Current Principal Place of Business:

3010 SW 40TH LOOP
OCALA, FL 34473

New Principal Place of Business:

4500 BAYMEADOWS STREET
#262
JACKSONVILLE, FL 32217

Current Mailing Address:

P.O. BOX 11076
OCALA, FL 34473

New Mailing Address:

P.O. BOX 23174
JACKSONVILLE, FL 32241

FEI Number: 59-3476213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VELAZQUEZ, ELIZABETH
419 PLYMOUTH ROCK PL
APOPKA, FL 32712 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: PD () Delete
Name: VELAZQUEZ, ELIZABETH
Address: 419 PLYMOUTH ROCK PL
City-St-Zip: DEBARY, FL 32713

Title: VTD () Delete
Name: VELAZQUEZ, STEVEN
Address: 419 PLYMOUTH ROCK PL
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: BURGOS, CYNTHIA A
Address: 23 OAK COURT PASS
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VELAZQUEZ, ELIZABETH
Address: 419 PLYMOUTH ROCK PL
City-St-Zip: APOPKA, FL 32712

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

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

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: ELIZABETH VELAZQUEZ

PD

12/06/2004

Electronic Signature of Signing Officer or Director

_____ Date