

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005383

FILED  
Apr 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2706 RIVERS END RD.  
ORLANDO, FL 32817

**New Principal Place of Business:**

2631 SUNNINGDALE DR.  
KISSIMMEE, FL 34746

**Current Mailing Address:**

2706 RIVERS END RD.  
ORLANDO, FL 32817

**New Mailing Address:**

2631 SUNNINGDALE DR.  
KISSIMMEE, FL 34746

**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  
7835 PINE CROSSING CIR.  
#1022  
ORLANDO, FL 32807 US

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

VELAZQUEZ, ELIZABETH PD  
2706 RIVERS END RD.  
ORLANDO, FL 32817 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: ELIZABETH VELAZQUEZ

04/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VELAZQUEZ, ELIZABETH PD  
Address: 2706 RIVERS END RD.  
City-St-Zip: ORLANDO, FL 32817

Title: VTD  
Name: VELAZQUEZ, STEVEN VPD  
Address: 2706 RIVERS END RD.  
City-St-Zip: ORLANDO, FL 32817

Title: STD  
Name: BURGOS, ANGEL D  
Address: 415 NOLA ST.  
City-St-Zip: INVERNESS, FL 34452

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH VELAZQUEZ

PD

04/05/2012

Electronic Signature of Signing Officer or Director

Date