

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007190

FILED
Oct 25, 2006
Secretary of State

Entity Name: REACH OUT ORPHANAGE, INC.

Current Principal Place of Business:

242 LAKAY PLACE
LONGWOOD, FL 32779

New Principal Place of Business:

528 SHADOW GLENN PL
WINTER SPRINGS, FL 32708

Current Mailing Address:

242 LAKAY PLACE
LONGWOOD, FL 32779

New Mailing Address:

528 SHADOW GLENN PL
WINTER SPRINGS, FL 32708

FEI Number: 59-3621827 **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:

ROSARIO, SAMUEL
242 LAKAY PLACE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

RIVERA, LIZELLE
528 SHADOW GLENN PL
WINTER SPRINGS, FL 32708 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: LIZELLE RIVERA

10/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALENTIN, ARCELIO
Address: 128 SEVILLA POINT AVE
City-St-Zip: ORLANDO, FL 32807

Title: O () Delete
Name: ROMERO, DIALIS
Address: 528 SHADOW GLENN PL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: O () Delete
Name: ROMERO, DAVID
Address: 528 SHADOW GLENN PL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: MARRERO, CARMIN
Address: 16 SILVER FALL CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: T () Delete
Name: RIVERA, LIZELLE
Address: 528 SHADOW GLENN PL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: CRUZ, LUIS
Address: 105 HIGHLAND DRIVE
City-St-Zip: FERN PARK, FL 32708

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: S (X) Change () Addition
Name: MARRERO, CARMIN
Address: 4101 WINSTON CT, APT 204
City-St-Zip: KISSIMMEE, FL 34741

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 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: LIZELLE RIVERA

T

10/25/2006

Electronic Signature of Signing Officer or Director

Date