

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000122206

FILED
Oct 13, 2005
Secretary of State

Entity Name: MOUNT ZION GROUP HOME INC.

Current Principal Place of Business:

2163 SE ADDISON STREET
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

2163 SE ADDISON STREET
PORT ST LUCIE, FL 34984

New Mailing Address:

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

Name and Address of Current Registered Agent:

GASTON, VIVIANE
2163 SE ADDISON STREET
PORT ST LUCIE, FL 34984 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: VIVIANE GASTON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GASTIN, VIVIANE
Address: 2163 SE ADDISON STREET
City-St-Zip: PORT ST LUCIE, FL 34984

Title: V () Delete
Name: GASTON, LIONEL
Address: 2163 SE ADDISON STREET
City-St-Zip: PORT ST LUCIE, FL 34984

Title: T () Delete
Name: HENDERSON, MARIO
Address: 5389 NW THYER CR
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GASTON, VIVIANE
Address: 2163 SE ADDISON STREET
City-St-Zip: PORT ST LUCIE, FL 34984

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

Title: T (X) Change () Addition
Name: HENDERSON, HELEN
Address: 5389 NW THYER CR
City-St-Zip: PORT ST LUCIE, FL 34984

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIANE GASTON

Electronic Signature of Signing Officer or Director

P

10/13/2005

Date