2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000166065

Entity Name: ROYAL SAINT JOHN OF JERUSALEM UNIVERSITY, INC.

FILED Feb 21, 2007 Secretary of State

	ile: NOTAL OAII	TOOTHY OF DERCOALEN	TOTAL CONTRACT				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
911 E PON 1504	CE DE LEON BL'	VD					
	ABLES, FL 33134	US					
Current Ma	ailing Address:		New Maili	New Mailing Address:			
P.O. BOX 1 CORAL GA	140333 ABLES, FL 33134	US					
FEI Number:	20-2010809 F	El Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired	1()	
Name and	Address of Curr	ent Registered Agent:	Name and	Name and Address of New Registered Agent:			
911 E PON	/ICTOR M JR. ICE DE LEON BL' ABES, FL 33134	VD US					
The above in the State		mits this statement for the	purpose of changing i	ts registered	d office or registered agent, o	or both,	
SIGNATUR	RE: VICTOR M P	ADILLA					
	Electronic S	Signature of Registered Ag	ent		Date		
	, ,	(b), F.S., the corporation did nust Fund Contribution ().	ot receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DVPS () Del PADILLA, VICTOR I 911 PONCE DE LE CORAL GABLES, F	vI JR ON BLVD. #1504	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DP () Del MARTINEZ, BARBA 911 E. PONCE DE MIAMI, FL 33134	RA J	Title: Name: Address: City-St-Zip:	MARTINEZ,	CE DE LEON BVD. #1504		

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VICTOR M PADILLA JR DVPS 02/21/2007

() Delete

911 E. PONCE DE LEON BLVD. #1504

MIRALDO, MARIA G

MIAMI, FL 33134

Title:

Name:

Address:

City-St-Zip:

(X) Change () Addition

911 E. PONCE DE LEON BLVD. #1504

HIRALDO, MARIA G

MIAMI, FL 33134