

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000005620

Entity Name: APOSTOLATE OF DIVINE MERCY, INC.**Current Principal Place of Business:**4121 SW 45 AVENUE
MIAMI, FL 33155**Current Mailing Address:**POB 140399
CORAL GABLES, FL 33114-0399**FEI Number: 65-1045269****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DE LOS REYES SR, RAFAEL A
5750 SW 45 TERRACE
MIAMI, FL 33155 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: RAFAEL A DE LOS REYES SR****04/26/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name DE LOS REYES SR, RAFAEL A
Address 5750 SW 45 TERRACE
City-State-Zip: MIAMI FL 33155

Title SD
Name ALMIRALL, JORGE
Address 10305 SW 26 TERRACE
City-State-Zip: MIAMI FL 33165

Title TD
Name FUENTE, JOSE E
Address 9921 NW 26 STREET
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name HOWARD, MARIA T
Address 8911 ABBOTT AVENUE
City-State-Zip: SURFSIDE FL 33154

Title DIRECTOR
Name PROVEDOR, AUGUSTO
Address 12025 SW 19 LANE UNIT 222
City-State-Zip: MIAMI FL 33175

Title DIRECTOR
Name ALMIRALL, JOSE ISIDRO
Address 400-93 ST
City-State-Zip: SURFSIDE FL 33154

Title DIRECTOR
Name DE LOS REYES, DULCE MARIA
Address 5750 SW 45 TERR
City-State-Zip: MIAMI FL 33155

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: RAFAEL A DE LOS REYES SR**PRESIDENT DIRECTOR****04/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date