

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003329

FILED
Feb 05, 2008
Secretary of State

Entity Name: SHABACHI HOUSE OF PRAYER CHRISTIAN LIFE CENTER OUTREACH MINISTRIES INC.

Current Principal Place of Business:

12262 S FLORIDA AVE
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

7930 SOUTH FLORIDA AVENUE
FLORAL CITY, FL 34436

New Mailing Address:

3629 CAMINO BELLA ROSA
SIERRA VISTA, AZ 85650

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

LANGLEY, CLARENCE E III
12262 S FERN PT
FLORAL CITY, FL 34436 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: CLARENCE E. LANGLEY III

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: LANGLEY, CLARENCE E III
Address: 12262 S FERN PT
City-St-Zip: FLORAL CITY, FL 34436

Title: CFOT () Delete
Name: LANGLEY, TRACY L
Address: 12262 S FERN PT
City-St-Zip: FLORAL CITY, FL 34436

Title: S () Delete
Name: LANGLEY, LATISHA L
Address: 12262 S FERN PT
City-St-Zip: FLORAL CITY, FL 34436

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:

I hereby certify that the information supplied with this filing does not qualify 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: CLARENCE E. LANGLEY III

Electronic Signature of Signing Officer or Director

CEOP

02/05/2008

Date