2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N92000000211

Entity Name: MONUMENT OF FAITH, INC,.

Current Principal Place of Business:

1956 NW 183RD ST
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

19700 NE 22ND AVE
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 65-0428407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCIS, JAMES N SR
19700 NE 22ND AVE
NORTH MIAMI BEACH, FL 33180 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: JAMES N FRANCIS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FRANCIS, CRYSTAL M	
Address:	19700 NE 22ND AVE	
City-St-Zip:	NORTH MIAMI BEACH, FL	
Title:	VPS	( ) Delete
Name:	FRANCIS, EDNA	
Address:	19700 NE 22ND AVE	
City-St-Zip:	NORTH MIAMI BCH, FL 33180	
Title:	T	( ) Delete
Name:	HARRIS, YVONNE	
Address:	18333 NW 144 CT	
City-St-Zip:	OPA LOCKA, FL 33055	
Title:	ED	( ) Delete
Name:	FRANCIS, JAMES E. JR	
Address:	19700 NE 22ND AVE	
City-St-Zip:	N MIAMI BCH, FL 33180	
Title:	A	( ) Delete
Name:	JOHNSON, SYDNEY O	
Address:	5213 SW 118TH AVENUE	
City-St-Zip:	NORTH MIAMI BEACH, FL	
Title:	D	( ) Delete
Name:	BROWN, RICARDO	
Address:	1951 SW 112 TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33023	

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:	( ) 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: JAMES N FRANCIS PRES 01/17/2009

Electronic Signature of Signing Officer or Director — Date