

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 29 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N98000003939</b> 1. Entity Name ALLEN CHAPEL A.M.E. FOUNDATION, INC.	
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Principal Place of Business 1201 N.W. 111 STREET MIAMI, FL 33167	Mailing Address 1201 N.W. 111 STREET MIAMI, FL 33167
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0425697</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

09162007 REIN-NP CR2E099 (1/07)

**\$8.75 Additional  
Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  POITIER, MARIE W 3131 N.W. 57 STREET MIAMI, FL 33147	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City
	State: <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D POITIER, MARIE W	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3131 N.W. 57 STREET			STREET ADDRESS	900111460669		
CITY-ST-ZIP	MIAMI, FL 33147			CITY-ST-ZIP	10/29/07--01064--017 **70.00		
TITLE	D GAY, SAMUEL L	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	20 N.E. 162 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33162			CITY-ST-ZIP			
TITLE	D JONES, LAURA	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2851 NW 209 TERR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33056			CITY-ST-ZIP			
TITLE	D JONES, LANETTE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	18611 NW 8 CT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169			CITY-ST-ZIP			
TITLE	D BELTON, CARNELLA	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3360 N.W. 205 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33056			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Janette D. Jones      9/11/07      305-764-9055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

10/31/07