

**2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N92000000211

**Entity Name:** MONUMENT OF FAITH, INC.,**Current Principal Place of Business:**1956 NW 183RD ST  
MIAMI GARDENS, FL 33056**Current Mailing Address:**19700 NE 22ND AVENUE  
N MIAMI BEACH, FL 33180 US**FEI Number:** 65-0428407**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAMES N FRANCIS  
19700 NE 22ND AVE  
NORTH MIAMI BEACH, FL 33180 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:** DR JAMES FRANCIS

09/27/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FRANCIS, DR JAMES N SR.  
Address        19700 NE NW 22ND AVENUE  
City-State-Zip: AVENTURA FL 33180

Title            VPS  
Name            FRANCIS, EDNA J  
Address        19700 NE 22ND AVENUE  
City-State-Zip: N MIAMI BEACH FL 33180

Title            D  
Name            HARRIS, YVONNE  
Address        301 NW 185TH TERRACE  
City-State-Zip: OPA LOCKA FL 33056

Title            ED  
Name            FRANCIS, JAMES E. JR  
Address        19700 NE 22ND AVE  
City-State-Zip: N MIAMI BCH FL 33180

Title            A  
Name            JOHNSON, SYDNEY O  
Address        5213 SW 118TH AVENUE  
City-State-Zip: COOPER CITY FL 33030

Title            D  
Name            BRUCE, HENRY M  
Address        555 NW 20TH ST  
City-State-Zip: POMPANO BEACH FL 33069

Title            DIRECTOR  
Name            BASKIN, DR BILLY  
Address        16800 NW 22ND AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056

Title            DIRECTOR  
Name            WILSON, EARL ANTONIO  
Address        255 LIVINGSTON STREET  
City-State-Zip: BROOKLYN NY 11217

*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:** DR JAMES N FRANCIS, SR

PRESIDENT

09/27/2016

Electronic Signature of Signing Officer/Director Detail

Date