

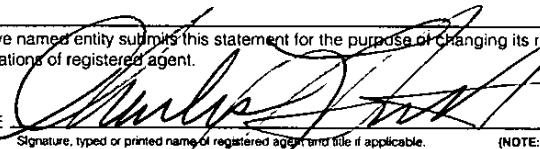
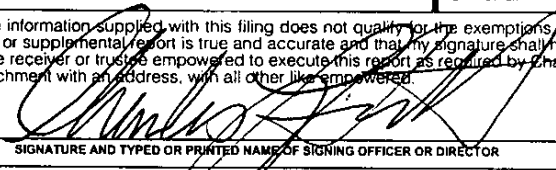


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|---|---------------------|---------|--|--|---|--|
| DOCUMENT # 760551 1. Entity Name ST. STEPHENS A.M.E. CHURCH OF CAROL CITY, FLORIDA, INC. | | | |  | | FILED 07 NOV -9 AM 11:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 3400 N.W. 215TH STREET MIAMI GARDENS, FL 33056 | | | | Mailing Address 3400 N.W. 215TH STREET MIAMI GARDENS, FL 33056 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |  REINSTATEMENT 10262467 REIN-NE MI OR 2009 (1/07) 07 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |
| 4. FEI Number 05-0374200 | | | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| SCOTT, CHARLES L SR 3400 NW 215TH ST MIAMI GARDENS, FL 33056 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | (NOTE: Registered Agent signature required when reinstating) DATE 11-4-07 | | | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50 | | | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T WARD, SHIRLEY <input type="checkbox"/> Delete 1761 SW 85TH AVE MIRAMAR, FL 33025 | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600112176966 11/09/07--01046--009 **245.00 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD <input type="checkbox"/> Delete SCOTT, CHARLES L 3400 NW 215TH ST MIAMI GARDENS, FL 33056 | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition On 11/13 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD <input type="checkbox"/> Delete JOHNSON, BETTY 3336 SW 173RD WAY MIRAMAR, FL 33029 | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD <input type="checkbox"/> Delete HENRY, ROSA 3230 NW 211TH ST MIAMI GARDENS, FL 33056 | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 11-4-07 <small>Daytime Phone #</small> | | | |