

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 21 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000636 1. Entity Name FIRST UNIVERSAL PRIMITIVE CHURCH OF THE LORD, INC.			
Principal Place of Business 521 N.W. 54TH STREET MIAMI, FL 33150		Mailing Address 1255 N.W. 125TH ST N. MIAMI, FL 33167	
2. Principal Place of Business - No P.O. Box # 757-59 N.W. 95TH. TER. Suite, Apt. #, etc. MIAMI FLORIDA City & State 33150 DADE Zip Country		3. Mailing Address 757-59 N.W. 95TH. TER. Suite, Apt. #, etc. MIAMI FLORIDA City & State 33150 DADE Zip Country	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		10262007 REIN-NP CR2E099 (1/07)	
6. Name and Address of Current Registered Agent PIERRE, JOSEPH T 757 N.W. 95 TERRACE MIAMI, FL 33150		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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		DATE 11-13-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	P PIERRE, JOSEPH TURGOT 1255 N.W. 125TH STREET NORTH MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500112473715 11/21/07--01007--002 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESRAVINES, JOSEPH 20 NE 139TH STREET MIAMI, FL 33161 <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	T DUFREINE, DEACON ELIE 1468 NW 103RD STREET MIAMI, FL 33168 <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	S DALEUS, JASCAME ASST 565 NW 151 STREET MIAMI, FL 33168 <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	S MERONE, DUNEL 20601 NW 10TH AVENUE MIAMI GARDENS, FL 33169 <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:		DATE 11-13-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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