2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004133

FILED Mar 09, 2009 Secretary of State

Entity Name: HOLINESS CHURCH OF ZION FOR ALL NATIONS, INC.

	Principal Place of Business:	New Principal Place of Business:
11400 NW MIAMI, FL	/ 113 TERR . 33168	
Current N	Mailing Address:	New Mailing Address:
1128 NW MIAMI, FL	113 TERRACE . 33168	
In accordar	r: 65-0706850 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei d Address of Current Registered Agent:	Number Not Applicable () Certificate of Status Desired (X) ve the prior notice. Name and Address of New Registered Agent:
	E, OFFRAND D REV. 113 TERR. . 33168 US	
	e named entity submits this statement for the purpos e of Florida.	e of changing its registered office or registered agent, or bot
SIGNATU	RE: AUGUSTE AUGUSTE	
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address:	D () Delete AUGUSTE, OFFRAND D REV. 11400 NW 12140	Title: () Change () Addition Name: Address:
City-St-Zip:	MIAMI, FL 33168	City-St-Zip:
City-St-Zip: Title: Name: Address: City-St-Zip:	T () Delete AUGUSTE, MARIE S 1128 NW 113 TERR MIAMI, FL 33168	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address:	T () Delete AUGUSTE, MARIE S 1128 NW 113 TERR	Title: () Change () Addition Name: Address:
Title: Name: Address:	T () Delete AUGUSTE, MARIE S 1128 NW 113 TERR MIAMI, FL 33168 TD () Delete AUGUSTE, ORFELY REV. 11400 NW 12TH AVENUE	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	T () Delete AUGUSTE, MARIE S 1128 NW 113 TERR MIAMI, FL 33168 TD () Delete AUGUSTE, ORFELY REV. 11400 NW 12TH AVENUE MIAMI, FL 33168 S () Delete BILDAD, AUGUSTE D 1128 NW 113 TERR	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: OFFRAND AUGUSTE REV. 03/09/2009