2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008326

FILED Oct 10, 2007 Secretary of State

Entity Name: CHRISTIAN NEW VISION BAPTIST CHURCH OF FLORIDA INC. **New Principal Place of Business: Current Principal Place of Business:** 915 NE 125TH STREET 304 MIAMI, FL 33161 **Current Mailing Address: New Mailing Address:** 915 NE 125 ST. 304 MIAMI, FL 33161 FEI Number: 04-0566037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERRE, JOSEPH REV MERILIEN, WILLY 915 NE 125 ST 915 NE 125 ST MIAMI, FL 33161 US MIAMI, FL 33161 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: MERILIEN WILLY 10/10/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WILLY, MERLIEN DIEUJUSTE, JOEL Name: Name: Address: 915 NE 125 ST Address: 915 NE 125 ST City-St-Zip: MIAMI, FL 33161 City-St-Zip: MIAMI, FL 33161 Title: Title: (X) Change () Addition () Delete EMITUS, CHENIER Name: Name: ERMITUS, CHENIER Address: 970 NE 163 ST. Address: 970 NE 163 ST. N. MIAMI BEACH, FL 33162 City-St-Zip: City-St-Zip: N. MIAMI BEACH, FL 33162 Title: () Delete Title: () Change () Addition DIEUJUSTE, FERTIL F Name: Name: 6600 NW 25 CT. Address: Address: City-St-Zip: SUNRISE, FL 33313 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: MERILIEN WILLY D 10/10/2007