

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001225

FILED  
Oct 03, 2005  
Secretary of State

**Entity Name:** RESTORATION MINISTRIES CENTER, INC

**Current Principal Place of Business:**

1147 HATTERAS CIRCLE  
GREENACRES, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 222928  
WEST PALM BEACH, FL 33422 US

**New Mailing Address:**

1147 HATTERAS CIRCLE  
GREENACRES, FL 33413 US

**FEI Number:** 02-0614174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAVIS, REGINALD K SR  
1147 HATTERAS CIRCLE  
GREENACRES, FL 33413 US

**Name and Address of New Registered Agent:**

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: REGINALD K. DAVIS, SR.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KENDRICK, ALTERMEASE  
Address: 5241 W. LAKES DR  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VD ( ) Delete  
Name: EASLEY, JAMES B  
Address: 2631 AVE R, CONDO B  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: SD ( ) Delete  
Name: BROWN, VIVIAN  
Address: 1500 N CONGRESS AVE C-32  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WHITE, GLADYS  
Address: 832 W. 5TH STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

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 for the exemption stated in Section 119.07(3)(i), 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: GLADYS WHITE

PD

10/03/2005

Electronic Signature of Signing Officer or Director

Date