

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004438

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: DOULAS MINISTRIES INC.

## Current Principal Place of Business:

12375 SW 220 ST.  
MIAMI, FL 331702859

## New Principal Place of Business:

## Current Mailing Address:

12375 SW 220 ST.  
MIAMI, FL 331702859

## New Mailing Address:

FEI Number: 04-3677550      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:

MATHIS, LORETHA  
12375 SW 220 ST.  
MIAMI, FL 331702859 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: LORETHA MATHIS

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MATHIS, LORETHA  
Address: 12375 SW 220 ST.  
City-St-Zip: MIAMI, FL 331702859 US

Title: TD ( ) Delete  
Name: ADAMS, LINDA  
Address: 15390 SW 101 AVE.  
City-St-Zip: MIAMI, FL 33157 US

Title: SD ( ) Delete  
Name: MATHIS, ZONA  
Address: 12375 SW 220 ST.  
City-St-Zip: MIAMI, FL 331702859 US

Title: D ( ) Delete  
Name: HALL, BERTIE J.  
Address: 10225 SW 170TH TERRACE  
City-St-Zip: MIAMI, FL 33170 US

Title: D ( ) Delete  
Name: SIMMS, ROBERT ALLEN  
Address: 15930 SW 106TH AVENUE  
City-St-Zip: MIAMI, FL 33170

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: LORETHA MATHIS

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date