

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

08 MAR 11 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3.17.08 JJ



12032007 REIN-NP CR2E099 (1/07) 07-08

REINSTATEMENT

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N02000004715

1. Entity Name
DAVIDIC COVENANT MINISTRIES INC.



Principal Place of Business
419 S. 21ST AVENUE
HOLLYWOOD, FL 33020

Mailing Address
419 S. 21ST AVENUE
HOLLYWOOD, FL 33020

2. Principal Place of Business - No P.O. Box #
419 S 21st Avenue
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hollywood

City & State

Zip
FL 33020

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent
COOK, ASONIA A
3803 S.W. 59TH AVENUE
APT 2
DAVIE, FL 33314

7. Name and Address of New Registered Agent
Name
Asonia Cook
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 *Asonia Cook*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|-----------------------|--|---|-----------------------------|---|
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOKE, ASONIA A | | NAME | Asonia A. Cook | |
| STREET ADDRESS | 3803 S.W. 59TH AVENUE | | STREET ADDRESS | 2327 Madison St Apt #2 | |
| CITY-ST-ZIP | DAVIE, FL 33314 | | CITY-ST-ZIP | Hollywood FL 33020 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WHITIG, ERIC C | | NAME | Angela Ramsay | |
| STREET ADDRESS | 2001 POLK ST | | STREET ADDRESS | 10111 SW 18 St | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 | | CITY-ST-ZIP | Miramar, FL 33025 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PHILLIPS, MARK A | | NAME | Robert Babcock | |
| STREET ADDRESS | 2002 MONROE STREET | | STREET ADDRESS | 9445 Federal Highway apt. 3 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 | | CITY-ST-ZIP | Dania FL 33000 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHIQUITA, ROLLE-JONES | | NAME | Rainald West | |
| STREET ADDRESS | 110 SW 11 ST | | STREET ADDRESS | 2327 Madison St apt #2 | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | | CITY-ST-ZIP | Hollywood FL 33020 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | Larissa Barclay | |
| STREET ADDRESS | | | STREET ADDRESS | 905 Shamar Ave | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Opa-Locka FL 33054 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: *Asonia Cook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-16-08 Daytime Phone: 404-391-1199