2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# N02000006719

Entity Name: ADONAI GOSPEL MUSIC, INC.

Current Principal Place of Business:

1270 NE 201 TERR.
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

1270 NE 201 TERR.
MIAMI, FL 33179

New Mailing Address:

FEI Number: 16-1627018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

ROBILLARD, ERICK
1270 NE 201 TERR.
MIAMI, FL 33179 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: ERICK ROBILLARD
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBILLARD, ERICK
Address: 1270 NE 201 TERR.
City-St-Zip: MIAMI, FL 33179

Title: VD ( ) Delete
Name: ROBILLARD, MARTHER
Address: 1270 NE 201 TERR.
City-St-Zip: MIAMI, FL 33179

Title: TD ( ) Delete
Name: DUPUY, NANCY A
Address: 1450 NW 183RD ST.
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete
Name: EUGENE, NAN S
Address: 6960 COOLIDGE ST.
City-St-Zip: HOLLYWOOD, FL 33024

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:

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: ERICK ROBILLARD PD 10/05/2005
Electronic Signature of Signing Officer or Director — Date