2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007381

FILED Oct 08, 2005 Secretary of State

Entity Name: SABAOATH RESTORATION AND EQUIPPING MINISTRIES INC

Current Principal Place of Business:		New Principal Place of Business:		
17940 NW MIAMI, FL	14 AVENUE 33169 US			
Current Mailing Address:		New Maili	New Mailing Address:	
17940 NW MIAMI, FL	14 AVENUE 33169 US			
In accordan	: 61-1428973			
	URSULA T 14 AVENUE 33169 US			
	named entity submits this statement for the purpo e of Florida.	se of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE: SHERRY MAGWOOD			
	Electronic Signature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete WRIGHT, URSULA T 17940 NW 14 AVENUE MIAMI, FL 33169 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete WRIGHT, SUSIE E 17940 NW 14 AVENUE MIAMI, FL 33169 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete LEWIS, JOHN 16373 NW 57 AVE HIALEAH, FL 33014 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete DELAHAYE, CECILE 4542 SW 185 AVENUE MIRAMAR, FL 33029 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete GUITERREZ, ANGEL 14141 SW 82 STREET MIAMI, FL 33183	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	RA () Change (X) Addition MAGWOOD, SHERRY L 1030 NW 182ND STREET MIAMI, FL 33169	

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: SHERRY MAGWOOD RA 10/08/2005