2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 24, 2004
Secretary of State

DOCUMENT# N03000000308

Entity Name: ADONAI MIRACLE FAITH MINISTRIES, INC.

Current Principal Place of Business:

12601 NW 27TH AVE #T301
MIAMI, FL 33167

New Principal Place of Business:

13740 NW 19THAVE BAY 1
OPA LOCKA, FL 33054

Current Mailing Address:

12601 NW 27TH AVE #T301
MIAMI, FL 33167

New Mailing Address:

13740 NW 19TH AVE BAY 1
OPA LOCKA, FL 33054

FEI Number: 54-2091426 **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:

KELLER, FELECIA
12601 NW 27TH AVE #T301
MIAMI, FL 33167 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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KELLER, FELECIA
Address: 12601 NW 27TH AVE #T301
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete
Name: MOORE, ODETTA
Address: 15007 JERPOINT ABBY DRIVE
City-St-Zip: CHARLOTTE, NC 28273

Title: D ( ) Delete
Name: BROWN, ROSE
Address: 1410 NW 199TH STREET
City-St-Zip: MIAMI, FL 33169

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:

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: FELECIA KELLER D 11/24/2004
Electronic Signature of Signing Officer or Director — Date