

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|   |  |                                 |  |  |  |   |  |
|---|--|---------------------------------|--|--|--|---|--|
| <b>DOCUMENT # N03000006815</b><br>1. Entity Name<br><b>THE EBENEZER FOUNDATION, INC.</b>  |  |                                 |  |  |  | <b>FILED</b><br><br>05 NOV -2 PM 2:56<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br><br> |  |
| Principal Place of Business<br><b>11295 S.W. 186 STREET<br/>MIAMI, FL 33157</b>   |  |                                 |  | Mailing Address<br><b>P.O. BOX 462<br/>GOULDS, FL 33170</b>  |  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country   |  |                                 |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country  |  |   |  |
| 4. FEI Number<br><b>68-0561895</b>  |  |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                                 |  | <b>\$8.75 Additional Fee Required</b>  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GREER, THOMAS<br/>21336 S.W. 89 PLACE<br/>MIAMI, FL 33189</b>   |  |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |  |                                 |  | <b>THOMAS GREER JR.</b> <b>10/30/05</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> DATE                      |  |   |  |
| <b>FILE NOW!!! FEE IS \$236.25</b><br><b>After January 1, 2006, Fee will be \$297.50</b>  |  |                                 |  | Make check payable to<br><b>Florida Department of State</b>  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>STEWART, ERROL N</b><br><b>12030 SW 177TH TERRACE</b><br><b>MIAMI, FL 33177</b>   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>REINSTATEMENT 05</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>BROWN, CHARLES U</b><br><b>12030 SW 177TH TERRACE</b><br><b>MIAMI, FL 33177</b>  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T. Roberts NOV 03 2005</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T</b><br><b>BROWN, LINETTE N</b><br><b>12030 SW 177TH TERRACE</b><br><b>MIAMI, FL 33177</b>   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S</b><br><b>STEWART, BRONTIE H</b><br><b>12030 SW 177TH TERRACE</b><br><b>MIAMI, FL 33177</b> | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>600061110036</b><br><b>11/02/05--01029--006 **236.25</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |                                 |  | <b>10/30/05</b> <b>305-378</b><br><small>Date</small> <small>Daytime Phone #</small><br><b>6144</b>  |  |   |  |