

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



FILED

06 MAY 30 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06
05172006 REIN-NP CR2E099(4/1/05)

DOCUMENT # N04000006964 1. Entity Name NEW CHURCH OF GOD OF ROC OF DEIVERANCE, INC		
Principal Place of Business 1400 NW 12TH AVE MIAMI, FL 33169		Mailing Address 11351 NW 11TH AVE MIAMI, FL 33168
2. Principal Place of Business 1091 NW 11994 Suite, Apt. #, etc.	3. Mailing Address 1460 NW 113 Terrace Suite, Apt. #, etc.	
City & State MIAMI FLA	City & State MIAMI FLA	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33167	Country Dade county	Zip 33167
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required ARTICLES OF INCORPORATION
DORIZEL AGNEAU 11351 NW 11TH AVE MIAMI, FL 33168		7. Name and Address of New Registered Agent
Name DORIZEL AGNEAU		Name DORIZEL AGNEAU
Street Address (P.O. Box Number is Not Acceptable) 1460 NW 113 Terrace		Street Address (P.O. Box Number is Not Acceptable) 1460 NW 113 Terrace
City MIAMI		City MIAMI
FL		FL
Zip Code 33167		Zip Code 33167
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 <u>Agneau Doriziel</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>5-25-06</u>
(NOTE: Registered Agent signature required when reinstating)		DATE
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE DP	NAME DORIZEL, AGNEAU	TITLE <input type="checkbox"/> Delete
STREET ADDRESS 11351 NW 11TH AVE	CITY-ST-ZIP MIAMI, FL 33168	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	NAME WILFRID, DOLCE	STREET ADDRESS 1460 NW 113 Terrace
STREET ADDRESS 11351 NW 11TH AVE	CITY-ST-ZIP MIAMI, FL 33168	CITY-ST-ZIP MIAMI, FL 33167
TITLE DT	NAME ANA, SAINT-BERT	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11400 NW 12TH AVE	CITY-ST-ZIP MIAMI, FL 33168	STREET ADDRESS 661 NE 61st
TITLE DV	NAME SAINTILIA, DORIZIEL	CITY-ST-ZIP MIAMI, FL 33137
STREET ADDRESS 11351 NW 11TH AVE	CITY-ST-ZIP MIAMI, FL 33168	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	NAME YANIQUE, EUGENE	STREET ADDRESS 1460 NW 113 Terrace
STREET ADDRESS 11351 NW 11TH AVE	CITY-ST-ZIP MIAMI, FL 33168	CITY-ST-ZIP MIAMI, FL 33167
TITLE DT	NAME MIRELLE COLON	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13605 NE 3rd	CITY-ST-ZIP MIAMI, FL 33161	STREET ADDRESS 13605 NE 3rd
TITLE DT	NAME 800075972738	CITY-ST-ZIP MIAMI, FL 33161
STREET ADDRESS 13605 NE 3rd	CITY-ST-ZIP MIAMI, FL 33161	CITY-ST-ZIP MIAMI, FL 33161
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: <u>Agneau Doriziel, AGNEAU DORIZIEL</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>5-25-06</u>
DAYTIME PHONE # <u>305 303-7289</u>		DATE