2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 21, 2005
Secretary of State

DOCUMENT# N04000007427

Entity Name: NEW HORIZONS MINISTRY OF RESTORATION INC.

Current Principal Place of Business:

800 N.W. 54TH STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

800 N.W. 54TH STREET
MIAMI, FL 33127

New Mailing Address:

FEI Number: 34-2008420 **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:

ATHOURIS, MICHELLE
3311 SW 175TH AVE
MIRAMAR, FL 33029 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: MICHELLE ATHOURIS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ATHOURIS, ROLAND II
Address: 3311 S.W. 175TH AVE
City-St-Zip: MIRAMAR, FL 33029

Title: VP ( ) Delete
Name: ATHOURIS, MICHELLE
Address: 3311 S.W. 175TH AVE
City-St-Zip: MIRAMAR, FL 33029

Title: TRES ( ) Delete
Name: ATHOURIS, AGATHA
Address: 4141 N.W. 54TH STREET
City-St-Zip: MIAMI, FL 33127

Title: SCRE ( ) Delete
Name: RUSSELL, LASHAWN
Address: 800 NW 54TH STREET
City-St-Zip: MIAMI, FL 33127

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: ROLAND ATHOURIS PRES 09/21/2005

Electronic Signature of Signing Officer or Director — Date