

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

112

FILED

2005 OCT -7 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N04000010033**

1. Entity Name  
THE DESIRE OF ALL NATIONS, INC.



Principal Place of Business  
27722 SUGAR LOAF DR  
WESLEY CHAPEL, FL 33543

Mailing Address  
27722 SUGAR LOAF DR  
WESLEY CHAPEL, FL 33543

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

0711/05 90004 017 6125  
10052005 REIN-NP CR2E099 (6/04)

4. FEI Number 76-0771885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  NEMBHARD, ARTHUR 27722 SUGAR LOAF DR WESLEY CHAPEL, FL 33543	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEMBHARD, ARTHUR 27722 SUGAR LOAF DR WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEMBHARD, JASMIN 27722 SUGAR LOAF DR WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NEWELL-MCLEOD, HAZEL 27614 SUGAR LOAF DR WESLEY CHAPEL, FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KIRK O. NEMBHARD, KIRK O. 16003 SADDLESTRING DR. TAMPA, FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: ARTHUR NEMBHARD 10/5/05 813 907-7765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/11/05

2/2



# The Desire of All Nations Church

Rev. Arthur Nembhard, MDiv., DD., Pastor

P.O. Box 47536 • Tampa, FL 33647 • (813) 907-7765

October 6, 2005

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform you that we did not receive the second reject letter on time to make the appropriate correction. Therefore we are requesting that you waive the \$175.00 for reinstatement.

Enclose please find a copy of the cancelled check that was paid to your office June 13, 2005.

We apologize for any inconvenience we may have caused.

We hope that this new completed form will meet with your approval.

Sincerely,

*Jasmin Nembhard*

Jasmin Nembhard  
Treasurer