

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000011579

1. Entity Name
MICHEL MINISTRY INC



FILED

05 NOV 23 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1001 NE 39TH DRIVE 14 W
OAKLAND PARK, FL 33334**

Mailing Address
**1001 NE 39TH DRIVE 14 W
OAKLAND PARK, FL 33334**

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



10052005 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MICHEL, MICHELET 1001 NE 39TH DRIVE 14 W OAKLAND PARK, FL 33334		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 MICHELET MICHEL *[Signature]* DATE 10-5-05

Signature, typed or printed name of registered agent and title if applicable. (Signature of agent required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHEL, MICHELET 1001 NE 39TH DRIVE 14 W OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060458653 10/11/05--01002--013 **236.46
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MORITES, PERRIER 1001 NE 39TH DRIVE 14 W OAKLAND PARK, FL 33334 <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	TRES LOSIER, BELONY 1001 NE 39TH DRIVE 14 W OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete <i>[Signature]</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MICHEL, MICHELET 1001 NE 39TH DRIVE 14 W OAKLAND PARK, FL 33334 <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	DIR LOSIER, BERNARD 1001 NE 39TH DRIVE 14 W OAKLAND PARK, FL 33334 <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	DIR MORITES, PERRIER 1001 NE 39TH DRIVE 14 W OAKLAND PARK, FL 33334 <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: *[Signature]* DATE: 10-05-05

Signature, typed or printed name of signing officer or director