

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 OCT 23 AM 11:45

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N05000001226</b><br>1. Entity Name<br><b>CHAIN BREAKERS DELIVERANCE INTERNATIONAL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                                              |                                                                                                                                                                                                            |                                                                                           |                                                                              |
| Principal Place of Business<br>15555 NW 22ND AVE<br>MIAMI GARDENS, FL 33054                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                              | Mailing Address<br>15555 NW 22ND AVE<br>MIAMI, FL 33054                                                                                                                                                    |                                                                                           |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | 3. Mailing Address                                                                           |                                                                                                                                                                                                            |                                                                                           |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | Suite, Apt. #, etc.                                                                          |                                                                                                                                                                                                            |                                                                                           |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | City & State                                                                                 |                                                                                                                                                                                                            | 4. FEI Number<br><b>13-4292506</b>                                                        |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | Country                                                                                      |                                                                                                                                                                                                            | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>ELDER CLAUDE ST-GERARD</b><br><b>1836 NW 43RD STREET</b><br><b>MIAMI, FL 33142</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                              | 7. Name and Address of New Registered Agent<br>Name <b>Elder Claude St-Gerard</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>2912 N.W. 132nd street</b><br>City <b>Miami</b> FL <b>33054</b> |                                                                                           |                                                                              |
| 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 <i>Elder Claude St-Gerard</i> <b>Elder Claude St-Gerard</b> <b>10/07/2007</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                                                              |                                                                                                                                                                                                            |                                                                                           |                                                                              |
| <b>FILE NOW!!! FEE IS \$61.25</b><br><b>After January 1, 2008, Fee will be \$122.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                                                                                                                                                            | Make check payable to<br><b>Florida Department of State</b>                               |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                               |                                                                                           |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>ELDER CLAUDE ST-GERARD<br>1836 NW 43RD ST<br>MIAMI, FL 33142                 | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                         | P<br>Elder Claude St-Gerard<br>2912 N.W. 132nd Street<br>Miami, Florida 33054             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V<br>MINISTER SHERICKA TAYLOR-ST-GERARD<br>1836 NW 43RD STREET<br>MIAMI, FL 33412 | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                         | V<br>Minister Shemicka Taylor-St-Gerard<br>2912 N.W. 132nd Street<br>Miami, Florida 33054 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T<br>JERRY, VIVIAN<br>15555 NW 22ND AVE<br>MIAMI, FL 33054                        | <input type="checkbox"/> Delete                                                              | <div style="text-align: center;"> <b>000111195260</b><br/> <b>10/25/07-01020-014 \$61.25</b><br/> <b>10/25/07</b><br/> <b>REINSTATEMENT</b> </div>                                                         |                                                                                           |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            | <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"/> Change <input type="checkbox"/> Addition                            | <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"/> Change <input type="checkbox"/> Addition                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                          |                                                                                           |                                                                              |
| 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: <i>Elder Claude St-Gerard</i> <b>10/07/2007</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                              |                                                                                                                                                                                                            |                                                                                           |                                                                              |