2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000003384 FILED NEW DIVINE APOSTOLIC MINISTRY OF FORT 06 OCT 25 PM 1: 33 LAUDERDALE, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2710 W. OAKLAND PARK BOULEVARD 2710 W. OAKLAND PARK BOULEVARD SUITE 26 SUITE 26 OAKLAND PARK, FL 33311 OAKLAND PARK, FL 33311 2. Principal Place of Business Mailing Address 5098NW2 Suite, Apt. #, etc. 10182006 REIN-NP CR2E099 (11/05) City & State 4. EEL Number Applied For-Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOGBO, CHUCK 2800 W. OAKLAND PARK BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **SUITE 209** OAKLAND PARK, FL 33311 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the Make check payable to After January 1, 2007, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Change ☐ Delete TITLE ☐ Addition 900081190 10/25/06--01049--014 **GUNTER, CLARENCE** NAME STREET ADDRESS 1030 LOCUST AVENUE N.W. STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition GUNTER, BERNICE NAME STREET ADDRESS 1030 LOCUST AVENUE N.W. STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition NAME HENRY, DANIEL NAME STREET ADDRESS 2797 S. OAKLAND FOREST DRIVE, #303 STREET ADDRESS CITY-ST-ZIP OAKLAND PARK, FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition RICKETTS, JANETTE NAME STREET ADDRESS **5098 NW 43RD COURT** STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33319 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this fitting 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:] GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone