2006 NOT-FOR-PROFIT CORPORATION

	REINST	ATEMENT								
DOCUMENT # N05000006661 1. Entity Name EAST SIDE BAPTIST OF HOMESTEAD, INC.						F1 06 OCT 2	LED O AMIC): 28		
Principal Place 1541 SE 124 SUITE 4 HOMESTEAD	NVE.	Mailing Address 1541 SE 12AVE. SUITE 4 HOMESTEAD, FL 3303	5		i 1881 14 6 6800	ALLAHAS	KY OF SI SEE, FLO	IATE ORIĐA		
2. Principal P	face of Business SE12 AVE	3. Mailing Address	12 Ave	,						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	/ 22 // 1 2		10182006 RE	IN-NP	CR2E099) (11/05)	06	
City & State	e	City & State	al Fi	0	4. 521 Number	(= 1 X	20		plied For	
Zip	esteda El	Homeste.	Country		5. Certificate of St	atus Desired	<u>フ</u>	8.75 Add	t Applicable litional	
330	<u> </u>	33035	US 4					ee Required	<u> </u>	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent					
MCCREADY, JAMES L 2340 SE 23 TER				Street Address (P.O. Box Number is Not Acceptable)						
	AD, FL 33035					·	·	- //		
			City	<u> </u>	SE 12	1	<i>>0//</i>	Zip Code	<u> </u>	
	named entity submits this statement for	or the purpose of changing its	registered office or	registere	d agent, or both, in	the State of Flo	orida. Lam ta		and accept	
the obligat	ions of registered agent.									
	12-2	11 0 .1	,		. ,			1	_	
SIGNATURE .	Standard a typed or cyntrod name at constanct apert	PA President	 _		20rot		10	//7/0	26	
SIGNATURE .	Sligsafe, typed or printed name of registered agent	·····	E: Registered Agent signa				DATE	//7/0	<u> </u>	
	Signato, typed or printed name of registered agent FILE NOW!!! FEE IS \$236.25 muary 1, 2007, Fee will be \$297.	and title in applicable. (NOTE	 _			t	DATE ake check ida Departr			
	FILE NOWIII FEE IS \$236.25	and title applicable. (NOTE	 _	dure required		Flor	ida Departr	ment of St	ate	
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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.

JOE BOLOK

10/17/06 305-772-1032