2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007808

FILED Oct 14, 2006 Secretary of State

Entity Name: MONTAGNE DE LA FOI EN CHRIST, INC.

Current Principal Place of Business: New Principal Place of Business:

657 DR MARTIN LUTHER KING JR BLVD 1311 N TAMARIN AVE

RIVIERA BEACH, FL 33404 WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

1555 W 8TH STREET APT G208 RIVIERA BEACH, FL 33404

FEI Number: 20-3013312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAY, WATSON 1555 W 8TH STREET APT G208 RIVIERA BEACH, FL 33404 US

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.

SIGNATURE: WATSON GAY

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ()Delete Title: ()Change ()Addition

 Name:
 GAY, WATSON
 Name:

 Address:
 1555 W 8TH STREET APT G208
 Address:

 City-St-Zip:
 RIVIERA BEACH, FL 33404
 City-St-Zip:

 Name:
 GAY, YOLETTE
 Name:
 GAY, YOLETTE

 Address:
 734 44TH STREET
 Address:
 1618 W 15 ST

City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete Title: D (X) Change () Addition

 Name:
 FRANCE, RENETTE
 Name:
 MAUDE, CARILUS

 Address:
 1518 QUAIL DR
 Address:
 5100 45TH ST APT #20F

 City-St-Zip:
 WEST PALM BEACH, FL 33409
 City-St-Zip:
 WEST PALM BEACH, FL 33407

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LOLO, MARIE C
 Name:
 JUNY, LAGUERE

 Address:
 5755 MARY LANE
 Address:
 1618 W 15TH ST

City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WATSOPN GAY R/A 10/14/2006