## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000009221

FILED Oct 10, 2007 Secretary of State

Entity Name: VALLEY OF FAITH INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 2322 W. CLIFTON ST 501 EAST LAKE AVENUE TAMPA, FL 33603 TAMPA, FL 33605 **Current Mailing Address: New Mailing Address:** 2322 W. CLIFTON ST 2208 EAST HANNA AVENUE TAMPA, FL 33610 TAMPA, FL 33603 FEI Number: 20-4313926 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHARLES, MARTIN 2208 EAST HANNA AVENUE TAMPA, FL 33610 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: MARTIN CHARLES Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CHARLES, MARTIN Name: Name: 2208 EAST HANNA AVENUE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: SMITH, LEROY Name: Address: 4201 CHESTWOOD COURT, APT, 185 Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: TSD () Delete Title: () Change () Addition ISAAC, SAINTHERESE Name: Name: 9447 WINDERMERE LAKE DRIVE, APT. 201 Address: Address: City-St-Zip: RIVIEVIEW, FL 33569 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition Name: SMYZER, ROGER Name: Address: 250 SIESTA LANE Address: City-St-Zip: LARGO, FL 33770 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARTIN CHARLES PD 10/10/2007