2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012147

CAMPBELL, MARK A

BRONX, NY 10475

120 BENCHLEY PLACE

Name:

Address: City-St-Zip: FILED Dec 24, 2006 Secretary of State

Entity Name: FAITH APOSTOLIC TEMPLE, INC.				
Current Principal Place of Business:		New Principal Place of Business:		
1068 WEST 28TH STREET RIVIERIA BEACH, FL 33304				
Current Mailing Address:		New Mailing Address:		
1068 WEST 28TH STREET RIVIERIA BEACH, FL 33304				
FEI Number: 20-3892781 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:				
CAMPBELL, URIAH 410 WEST 36TH STREET 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: ELDER URIAH CAMPBELL				
Electronic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete CAMPBELL, URIAH 410 WEST 36TH STREET RIVIERIA BEACH, FL 33404	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete ROBINSON, MONICA 3508 RIVERSIDE DRIVE CORAL SPRINGS, FL 33065	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete WILLIAMS, KATHLEEN 4109 WOODSIDE DRIVE CORAL SPRINGS, FL 33065	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () Delete WILLIAMS, HEPSILYN 300 WEST 38TH STREET RIVIERA BEACH, FL 33065	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ELDER URIAH CAMPBELL **PRES** 12/24/2006