

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000002189

FILED  
Nov 01, 2011  
Secretary of State

**Entity Name:** BELIEVERS FAITH BREAKTHROUGH MINISTRIES INTERNATIONAL, INC

**Current Principal Place of Business:**

11825 ISLAND LAKES LANE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

6511 NOVA DRIVE  
193  
DAVIE, FL 33317

**Current Mailing Address:**

11825 ISLAND LAKES LANE  
BOCA RATON, FL 33498

**New Mailing Address:**

6511 NOVA DRIVE  
193  
DAVIE, FL 33317

**FEI Number:** 26-2247380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRAY, LAURA A  
11825 ISLAND LAKES LANE  
BOCA RATON, FL 33498 US

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

WRAY, LAURA A  
6511 NOVA DRIVE  
193  
DAVIE, FL 33317 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: LAURA A. WRAY

11/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NOTTAGE, EDISON E  
Address: 3101 PALM TRACE LANDINGS DRIVE  
City-St-Zip: DAVIE, FL 33314

Title: VD  
Name: NOTTAGE, MATTIE M  
Address: 3101 PALM TRACE LANDINGS DRIVE  
City-St-Zip: DAVIE, FL 33314

Title: T  
Name: ROKER, MONIQUE Y  
Address: 286 ALTA VISTA DR.  
City-St-Zip: YONKERS, NY 10710

Title: AT  
Name: MILLER, TRAMEKA S  
Address: 18025 NW 43RD CT.  
City-St-Zip: CAROL CITY, FL 33054

Title: S  
Name: ASH, ELTHESA  
Address: P. O. BOX SB 52524  
City-St-Zip: NASSAU, BAHAMAS,

Title: AS  
Name: WRAY, LAURA  
Address: 6511 NOVA DRIVE, #193  
City-St-Zip: DAVIE, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: LAURA A. WRAY

AS

11/01/2011

Electronic Signature of Signing Officer or Director

Date