2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2008
Secretary of State

DOCUMENT# N96000005393

Entity Name: APOSTOLIC REVIVAL TEMPLE MINISTRIES, INC.

Current Principal Place of Business:

1028 NW 2ND AVENUE
MIAMI, FL 331363413

New Principal Place of Business:

Current Mailing Address:

1028 NW 2ND AVENUE
MIAMI, FL 331363413

New Mailing Address:

FEI Number: 65-0705614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, AMOS
931 SHARAR AVE,
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

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: AMOS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ALLEN, AMOS	
Address:	931 SHARAR AVE.	
City-St-Zip:	OPA LOCKA, FL	
Title:	D	( ) Delete
Name:	FIELDS, MONIQUE	
Address:	540 NW 17 ST APT 5-D	
City-St-Zip:	MIAMI, FL 33136	
Title:	D	( ) Delete
Name:	WEST, CARRIE MAE	
Address:	5627 NW 9TH AVE	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	BRIDGES, ELEANOR	
Address:	1880 NW 44TH AVENUE	
City-St-Zip:	MIAMI, FL 33055	
Title:	S	( ) Delete
Name:	WEST, BARBARA Y	
Address:	5015 NW 178TH TERRACE	
City-St-Zip:	MIAMI, FL 33055	
Title:	T	( ) Delete
Name:	ALLEN, ANNIE	
Address:	931 SHARAR AVENUE	
City-St-Zip:	OPA LOCKA, FL 33054	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	WEST, BARBARA Y	
Address:	4301 N. W. 19TH AVE	
City-St-Zip:	MIAMI, FL 33142	
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: AMOS ALLEN P 11/02/2008

Electronic Signature of Signing Officer or Director — Date