2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000005725

Name:

Address:

City-St-Zip:

FAIN, SIMON JR.

MIAMI, FL 33176

14850 ROBINSON STREET

FILED Oct 20, 2009 Secretary of State

| Entity Na | me: THE CATHEDRAL OF PRAISE, INC. | | | |
|---|---|--|----------------------------------|--|
| Current Principal Place of Business: | | New Principal Place of Bus | New Principal Place of Business: | |
| 9966 HIBISCUS STREET | | 9900 SW 168TH STREET | | |
| MIAMI, FL | 33157 | 4 MIAMI, FL 33157 | | |
| O 4 B4 | Tailing Address. | , | | |
| Current IV | lailing Address: | New Mailing Address: | | |
| P.O. BOX MIAMI, FL | | | | |
| | : 65-0788558 FEI Number Applied For() ace with s. 607.193(2)(b), F.S., the corporation did | FEI Number Not Applicable () Cel | tificate of Status Desired() | |
| | Address of Current Registered Agent: | Name and Address of New | Registered Agent: | |
| 24251 S.W HOMESTE | l, MELVIN C JR V. 107TH AVENUE EAD, FL 33032 US e named entity submits this statement for th | e purpose of changing its registered office | or registered agent, or both, | |
| | e of Florida. | | , | |
| SIGNATU | RE: GEORGETTE SMITH | | | |
| | Electronic Signature of Registered | gent | Date | |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO | OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () Delete DAWSON, MELVIN 24251 S.W. 107TH AVENUE HOMESTEAD, FL 33032 | Title: () Cha Name: Address: City-St-Zip: | nge()Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete WILLIAMS, LYNDON 725 N.W. 12TH ST FLORIDA CITY, FL 33034 | Title: () Cha Name: Address: City-St-Zip: | nge()Addition | |
| Title: Name: Address: City-St-Zip: Title: | D () Delete SMITH, GEORGETTE 16510 SW 107TH AVE MIAMI, FL 33157 D () Delete | Name: SMITH, GEORGETT Address: 9900 SW 168TH ST City-St-Zip: MIAMI, FL 33157 | | |
| nue. | D () Delete | ritie. () Cha | nge () Audition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MELVIN C. DAWSON, JR. 10/20/2009 D