

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N97000006811</b> 1. Entity Name SAINT BARTHOLOMEW TABERNACLE INC.						<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 18px; transform: rotate(-5deg);">05 JUN 15 PM 2:20</div> <div style="font-size: 14px; transform: rotate(-5deg);">STATE OF FLORIDA TALLAHASSEE</div> <div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">04-95</div>	
Principal Place of Business 4291 NW 7 AVE MIAMI, FL				Mailing Address P O BOX 015324 MIAMI, FL 33101-9998			
2. Principal Place of Business <u>SAME AS ABOVE</u> Suite, Apt. #, etc.				3. Mailing Address <u>SAME AS ABOVE</u> Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  GAYLORD, CHERYL E 152 NW 13 STREET MIAMI, FL 33136				7. Name and Address of New Registered Agent Name <u>George M. Gaylord</u> Street Address (P.O. Box Number is Not Acceptable) <u>152 NW 13 ST.</u> City <u>MIAMI, Fla. 33136</u> FL <u>33136</u> Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>George M. Gaylord</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>George M. Gaylord</u> <u>6-11-05</u> <small>(NOTE: Registered Agent Signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$297.50</b>				Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTTLER, CHARLES 654 NW 10TH ST MIAMI, FL 33101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Cheryl E. Gaylord 152 NW 13th St MIAMI, FL 33136		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LELIEBRE, MARCUS 1280 NW 35TH ST MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700056170827 06/15/05--01004--001 ***308.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYLORD, GEORGE M P.O. BOX 015324 MIAMI, FL 33101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>George M. Gaylord</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>George M. Gaylord</u> <u>6-11-05</u> <u>7864251262</u> <small>Date Daytime Phone #</small>			