2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# N99000006502

Entity Name: PARADISE WORSHIP CENTER, INC.

Current Principal Place of Business:

18982 N.W 2ND AVE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

5960 N. W. 186 TH STREET UNIT # 308
MIAMI, FL 33015

New Mailing Address:

FEI Number: 65-0891403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

JOSEPH, ORNALD D
5960 N.W. 186 TH STREET UNIT # 308
MIAMI, FL 33015 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: ORNALD D.JOSEPH
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOSEPH, ORNALD D
Address: 5960 NW 186 STREET #308
City-St-Zip: HIALEAH, FL 33015

Title: STD ( ) Delete
Name: JOSEPH, SUZETTE
Address: 5960 NW 186 STREET #308
City-St-Zip: HIALEAH, FL 33015

Title: CD ( ) Delete
Name: HUGGINS, KEPTRINE
Address: 5960 NW 186 STREET #308
City-St-Zip: HIALEAH, FL 33015

Title: VD ( ) Delete
Name: TORRES, MATHIAS
Address: 8469 SOUTH HAMPTON DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: SD ( ) Delete
Name: WILLIAMS, MUREEN J
Address: 1950 NW 184 STREET
City-St-Zip: MIAMI, FL

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ORNALD D.JOSEPH PD 10/07/2005
Electronic Signature of Signing Officer or Director — Date