




2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000006762 1. Entity Name MARANATHA EVANGELICAL BAPTIST CHURCH, INC.						FILED 08 NOV 17 PM 12:48 CLERK OF COURT ORLANDO, FLORIDA	
Principal Place of Business 3310 N. POWERS DR ORLANDO, FL 32818				Mailing Address 3310 N. POWERS DR ORLANDO, FL 32818			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MOMPOINT, EDNER REV. 4845 PAT-ANN TERR. ORLANDO, FL 32808				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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  <small>Signature, typed or printed name of registered agent, and title if applicable</small>				DATE 11-12-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUES, JULIO 1327 HENANDEZ DR ORLANDO, FL 32808			TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER. VOYOND HYPPOLITE 635 HIWATHA OVERLOOK DR. APOKA, FL 32712		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, AMONES 1807 SARAZIN DR. ORLANDO, FL 32808			TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER. JR- PHILIP LOUIS 7708 SKYVIEW, ORLANDO, FL 32809		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUEA, JULIO J SOUDE RIDGE APT H206 ORLANDO, FL 32807			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600138013496 11/17/08--01063--004 **245.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAIN, CEDIELI 5515 PINE CHASE DRIVE APT 8 ORLANDO, FL 32808			TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER. STYLL JOSEPH 2273 OKADA CT. ORL. FL 32818		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOMPOINT, MARIE C 4845 PAT-ANN TERR. ORLANDO, FL 32808			TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER. STYLL JOSEPH 2273 OKADA CT. ORL. FL 32818		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECCLESIAST, JOSUE 1929 S KIRKMAN RD APT 115 ORLANDO, FL 32811			TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER. STYLL JOSEPH 2273 OKADA CT. ORL. FL 32818		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11-12-08 <small>Date</small>			

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