2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000000243

1. Entity Name
RIVER OF LIFE REVIVAL MINISTRIES INC.

FILED
04 NOV -9 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1031 NE PINE ISLAND RD, UNIT 6 CAPE CORAL, FL 33909	1031 NE PINE ISLAND RD, UNIT 6 CAPE CORAL, FL 33909

11022004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
14731 N. Cleveland Ave	530 Davis Street
Suite, Apt. #, etc.: 1 & 2	Suite, Apt. #, etc.: N/A
City & State: N. Ft. Myers, Florida	City & State: LaBelle, Florida
Zip: 33903 Country: USA	Zip: 33935 Country: USA

4. FEI Number 65-1074437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELVER, RALPH
461 S MAIN ST
LABELLE, FL 33935

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 Ralph Elver 11/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2005, 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	PD GOMEZ, GRANT 503 DAVIS ST LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD GOMEZ, FREDA 503 DAVIS ST LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOMEZ, MELISSA 503 DAVIS ST LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBJARTEL, DOUG 37 NE 8TH PLACE CAPE CORAL, FL 33909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBJARTEL, DEBRA 37 NE 8TH PLACE CAPE CORAL, FL 33909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800042613118 11/09/04--01091--011 **245.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKINNER, JERRY 320 7TH AVE LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/17

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: Grant W. Gomez - Grant W. Gomez 11-8-04 (863)675-7802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #