

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 1031 NE PINE ISLAND RD, UNIT 6 CAPE CORAL, FL 33909	Mailing Address 1031 NE PINE ISLAND RD, UNIT 6 CAPE CORAL, FL 33909
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2. Principal Place of Business 14731 N. Cleveland Ave Suite, Apt. #, etc. 1 & 2	3. Mailing Address 530 Davis Street Suite, Apt. #, etc. N/A
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11022004 REIN-NP CR2E099 (6/04)

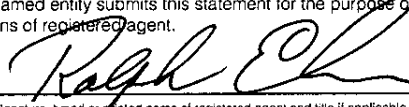
City & State N. Ft. Myers, Florida	City & State La-Belle, Florida
Zip 33903	Zip 33935
Country USA	Country USA

4. FEI Number 65-1074437	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELVER, RALPH 461 S MAIN ST LABELLE, FL 33935	
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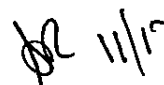
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

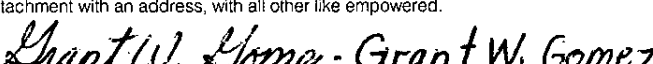
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 11/8/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50	Make check payable to Florida Department of State
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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
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

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11/09/04--01091--011 **245.00

 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: 	11-8-04 (863)675-7802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	