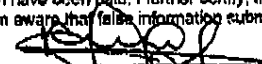


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 APR 20 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDAREINSTATEMENT
2004-2011CRB
4/20

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR28081 (11/10)	
DOCUMENT # N02000003205 1. Corporation Name ELOHIM NATIONAL & INTERNATIONAL MINISTRIES, INC.					
2. Principal Office Address - No P.O. Box # 3741 Cardinal Oaks Cir.		3. Mailing Office Address 3741 Cardinal Oaks Cir.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orange Park, Florida		City & State Orange Park, Florida			
Zip 32065	Country Clay	Zip 32065	Country Clay		
4. Date Incorporated or Qualified To Do Business in Florida May 2, 2001		5. FEI Number 20-0724638			
6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required for a Certificate of Status		☒ Applied For ☐ Not Applicable			
7. Name and Address of Current Registered Agent		700203405047 04/21/11--01005--014 **665.00			
Name Rev. Raymond Clotaire					
Street Address (P.O. Box Number is Not Acceptable) 3741 Cardinal Oaks Cir.					
Suite, Apt. #, Etc.					
City Orange Park	State FL	Zip Code 32065			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.					
Signature of Registered Agent		Date 4/17/2011			
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Rev.	Raymond Clotaire	3741 Cardinal Oaks Cir		Orange Park, Fl. 32065	
Mrs	Alice Benoit	968 Steeple Chase Ln		Orange Park, Fl. 32065	
Mr.	Wilson Adonis	356 Summit Dr		Orange Park, Fl. 32073	
10. E-mail Address: rayclotaire@gmail.com					
(To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: 		Rev. Raymond Clotaire		Date 4/17/2011 (904) 248-9599	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Overtime Phone #	