


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


DOCUMENT # N02000004554 1. Entity Name MATCH POINT MINISTRIES, INC.	
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Principal Place of Business 2932 COUNTRY CLUB BOULEVARD DEERFIELD BEACH, FL 33442	Mailing Address 2932 COUNTRY CLUB BOULEVARD DEERFIELD BEACH, FL 33442
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2. Principal Place of Business - No P.O. Box # 4055 Birchwood Dr Suite, Apt. #, etc.	3. Mailing Address 4055 Birchwood Dr Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33487	Country US

FILED
08 JUN -9 AM 6:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


REINSTATEMENT 07-08
 05252006 REIN-NP CR2E099 (1/07)

4. FEI Number 20-0000185	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES RD STE 305A BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *John P. Miller* DATE **5-25-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	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	D WILLIAMS, SCOTT 2932 COUNTRY CLUB BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D WILLIAMS, SCOTT 4055 BIRCHWOOD DR BOCA RATON FL 33487-2231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZWILLIAM, RYAN 65 DEER CREEK ROAD, #H109 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIDGERD, FREDERICK C 600 HILLSBORO BLVD., SUITE 520 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5/6/10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOHN P 2499 GLADES ROAD, SUITE 305A BOCA RATON, FL 33431	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300131089573 06/09/08--01054--027 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Scott Williams* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR