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*Articles w/ correction
Sg*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 10 AM 10:43

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rhema University, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N02000006215

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Roger Richardson
(Name of Contact Person)

Rhema University, Inc.
(Firm/Company)

4700 Millenia Blvd - 175
(Address)

Orlando, FL 32839
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Roger Richardson at (877) 270-0349
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Rhema University, Inc.

Name of Corporation as currently filed with the Florida Dept. of State

N02000006215

Document Number (if known)

FILED
2008 NOV 10 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct reinstatement form,
(Document Type Being Corrected)

filed with the Department of State on 10/10/2008.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Federal ID Number: 593694704

Correct the inaccuracy, incorrect statement, or defect:

Federal ID Number: 27-0045013



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Dr. Roger Richardson

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00