


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 22 PM 2:42

DOCUMENT # N04000007047 1. Entity Name KINGDOM INTERNATIONAL MINISTRIES, INC.	
---	---

Principal Place of Business 5113 PIPES O THE GLENWAY ORLANDO, FL 32808	Mailing Address 5113 PIPES O THE GLENWAY ORLANDO, FL 32808
--	--

REINSTATEMENT 05



2. Principal Place of Business 1651 Elkcam Blvd Suite, Apt. #, etc. Deltona Florida City & State	3. Mailing Address 1651 Elkcam Blvd Suite, Apt. #, etc. Deltona Florida City & State
--	--

11182005 REIN-NP CR2E099 (6/04)

Zip 32725 Country USA	Zip 32725 Country USA	4. FEI Number 161704361	Applied For <input type="checkbox"/> Not Applicable
-------------------------------------	-------------------------------------	-----------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

**PERCEVAL, OGE R
5113 PIPES O THE GLENWAY
ORLANDO, FL 32808**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
1651 Elkcam Blvd

Deltona

City **FL** Zip Code **32725**

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

FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the **Make check payable to**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERCEVAL, OGE R <input type="checkbox"/> Delete 5113 PIPES O THE GLENWAY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERCEVAL, ALTAGRACIA <input type="checkbox"/> Delete 5113 PIPES O THE GLENWAY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINT-JEAN JR., AMOS PHENIX <input type="checkbox"/> Delete 30 STOCKMILL RD APT E PIKEVILLE, MD 21208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1651 Elkcam Blvd Deltona Fl. 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1651 Elkcam Blvd Deltona Fl. 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061622938 11/22/05--01042--004 **70.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Oge Perceval **11-19-05** **386-789-3624**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #