

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W09000032233

FILED

09 AUG 24 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000005502

1. Corporation Name

OMEGA KINGDOM MINISTRIES, INC.

2. Principal Office Address - No P.O. Box #

731 Ridgewood lane

Suite, Apt. #, etc.

Dear Pastor,

City & State

Plantation, FL

Zip

33317

Country

USA

3. Mailing Office Address

P.O. BOX 450541

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33345

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/2007

5. FEI Number

20-4870164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frantzy Cadet

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

09/14/2007

None

Suite, Apt. #, Etc.

City

plantation

State

FL

Zip Code

33317

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/17/2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Frantzy Cadet	731 Ridgewood lane	plantation, FL 33317
D	Rosemond Adescat	3508 NW35th ST	lauderdale Lake 33309
D	Annette Telsaint	108 N.W. 80th Terrace	Margate, FL 33063

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/2008 754-234-2141

Date

Daytime Phone #