

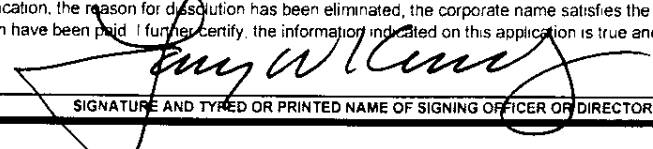


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 10 FEB 10 PM 4:59 | |
|--|-----------------------------------|---|----------------|--|--|
| DOCUMENT # N15270 1. Corporation Name Ministry Systems, Inc. | | | | | |
| 2. Principal Office Address - No P.O. Box # 3872 N. Lake Orlando Parkway Suite, Apt. #, etc. | | 3. Mailing Office Address P.O. Box 540206 Suite, Apt. #, etc. | | 200168448112 02/10/10--01034--006 **131.25 CR2E081 (11/09) REINSTATEMENT 09-10 | |
| City & State Orlando, Florida | | City & State Orlando, Florida | | 4. Date Incorporated or Qualified To Do Business in Florida 06/04/1986 | |
| Zip 32808 | Country USA | Zip 32854-0206 | Country USA | 5. FEI Number 59-2706292 | Applied For <input type="checkbox"/> Not Applicable |
| 7. Name and Address of Current Registered Agent Name Larry Kennedy Street Address (P.O. Box Number is Not Acceptable) 3872 N. Lake Orlando Parkway Suite, Apt. #, Etc. City Orlando Florida | | | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| | | | | <input checked="" type="checkbox"/> 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  Date 02/08/2010 REGISTERED AGENT MUST SIGN | | | | | |
| 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 | |
| PSD | Kennedy, Larry W. | 3872 N. Lake Orlando Parkway | | Orlando FL 32808 | |
| VD | Farcas, David | 326 N.E. 264th Street | | Cross City FL 32628 | |
| VTD | Reeves, Dwight L. | 450 Ridge Manor | | Lake Wales FL 33853 | |
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| 10. E-mail Address: Larry@LarryKennedy.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., 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. SIGNATURE:  2-8-2010 407-290-1597 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |