2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -8 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

DOCUMENT # N96000004527

1. Entity Name
SYLVESTER MINISTRIES, INC.

Principal Place of Business	Mailing Address
1390 N SEACREST BLVD BOYNTON BEACH, FL 33445	~~3365 GEORGE BUSBEE PKWY, #112~~ KENNESAW, GA 30144

2. Principal Place of Business	3. Mailing Address
1390 N Seacrest Blvd	2343 Heritage Park CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach FL	City & State: Kennesaw, GA
Zip: 33445 Country: Palm Bch	Zip: 30144 Country: COBB

12062006 REIN-NP CR2E099 (11/05)

4. FEI Number: 65-0719956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BANKS, SHELIA 1390 N SEACREST BLVD BOYNTON BEACH, FL 33445	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Sheila Banks 12/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2007, Fee will be $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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BANKS, SHELIA 1390 N SEACREST BLVD BOYNTON BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 01/05/07--01053--010 **70.00 800083434128 01/05/07--01053--010 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BANKS, MELINDA 17108 VALENCIA BLVD. LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800083434128 01/05/07--01053--011 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BANKS, FANNIE L 17108 VALENCIA BLVD. LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, GALE 3820 COELEBS AVENUE BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANKS, ALBERT 1390 N SEACREST BLVD BOYNTON BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Sheila Banks 12/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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