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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 AM 10:47

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Smiley Papenfus Revival Ministries, Inc.

DOCUMENT NUMBER: N97000001341

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlene Papenfus  
(Name of Contact Person)

Smiley Papenfus Revival Ministries, Inc.  
(Firm/ Company)

15322 Vireoglen Lane  
(Address)

Lithia, FL 33547  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Marlene Papenfus at ( 813 ) 503-1660  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**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

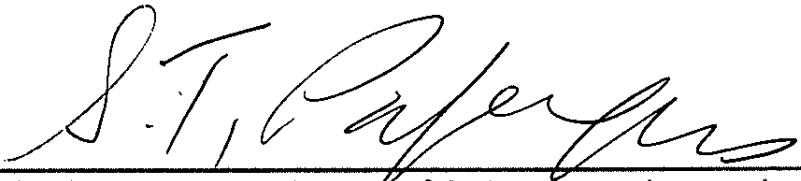


The date of adoption of the amendment(s) was: 03/01/2008

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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

Smiley T Papenfus  
(Typed or printed name of person signing)

**Director**  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE: \$35**