Current Prir 1598 GILES ST PALM BAY, FL			CK1143535716	
Current Mai	ling Address:			
P.O. BOX 11 PALM BAY,				
FEI Number: 47-3166383		Certificate of Status Desired: Yes		
Name and A	ddress of Current Registered Agent:			
GORDON, NICI 1598 GILES ST PALM BAY, FL	REET			
The above named	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE: NICHOLE GORDON				
SIGNATURE	: NICHOLE GORDON		04/19/2018	}
SIGNATURE	Electronic Signature of Registered Agent		04/19/2018 Date	}
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			}_
	Electronic Signature of Registered Agent	Title		3
Officer/Dire	Electronic Signature of Registered Agent	Title Name	Date	3
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PD		Date	3
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PD GORDON, NICHOLE J 1598 GILES ST.	Name Address	Date TD WILSON, JANET	3
Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : PD GORDON, NICHOLE J 1598 GILES ST.	Name Address	Date TD WILSON, JANET P.O. BOX 110596	3
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PD GORDON, NICHOLE J 1598 GILES ST. PALM BAY FL 32907	Name Address	Date TD WILSON, JANET P.O. BOX 110596	3
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PD GORDON, NICHOLE J 1598 GILES ST. PALM BAY FL 32907 S	Name Address	Date TD WILSON, JANET P.O. BOX 110596	3

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

Entity Name: MINISTRIES WITHOUT BOUNDARIES INTERNATIONAL, INC.

DOCUMENT# N15000001540

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLE GORDON

PRESIDENT

04/19/2018

FILED Apr 19, 2018

Secretary of State

CR1143333718

Electronic Signature of Signing Officer/Director Detail