


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 15 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715274 1. Entity Name ZION HOPE MISSIONARY BAPTIST CHURCH OF FORT PIERCE, INC.	
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Principal Place of Business 1109 AVE E FT PIERCE, FL 34950-8255	Mailing Address 1109 AVE E FT PIERCE, FL 34950-8255
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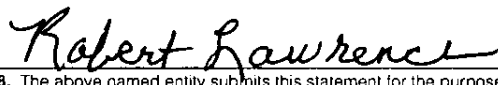


2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10172007 REIN-NP CR2E099 (1/07)

City & State	City & State
Zip	Country

4. FEI Number 59-2770994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAWRENCE, ROBERT 1109 AVENUE E FORT PIERCE, FL 33450 	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, DOROTHY
STREET ADDRESS	1701 N. 35TH STREET
CITY - ST - ZIP	FORT PIERCE, FL
TITLE	PD <input type="checkbox"/> Delete
NAME	LAWRENCE, ROBERT
STREET ADDRESS	1109 AVENUE "E"
CITY - ST - ZIP	FORT PIERCE, FL
TITLE	D <input type="checkbox"/> Delete
NAME	LAWRENCE, INEZ
STREET ADDRESS	1109 AVENUE E
CITY - ST - ZIP	FORT PIERCE, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900112351909
CITY - ST - ZIP	11/16/07--01004--014 **236.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  DATE: 11/13/07 (772) 464-8311 DAYTIME PHONE #

11/23/07