2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#724803

FILED Oct 26, 2009 Secretary of State

Entity Name: KING'S TEMPLE REVIVAL CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O CLYDE T. LOWE 2254 ALI BABA AVE OPA LOCKA, FL 33054 **Current Mailing Address: New Mailing Address:** PO BOX 541028 OPA LOCKA, FL 33054 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOWE, LINDA F 3391 N.W. 8TH STREET FORT LAUDERDALE, FL 33311 US 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. SIGNATURE: LINDA F LOWE Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LOWE, CLYDE T Name: Name: 3391 N.W. 8TH STREET Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: LOWE, LINDA F Name: Address: 3391 N.W. 8TH STREET Address: City-St-Zip: FORT LAUDERDAL, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition LEWIS, TWANDA Name: Name: 5960 SW 40TH AVE STE C-5 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33314 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA F LOWE VD 10/26/2009