2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#731986

FILED Oct 14, 2008 Secretary of State

Entity Name: METROPOLITAN MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 2002 N. FLA. AVENUE TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** 2002 N. FLA. AVENUE TAMPA, FL 33602 FEI Number: 59-1477007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIGNORE, PHIL CFO MARKS, TIM COO 2002 NORTH FLORIDA AVENUE 2002 NORTH FLORIDA AVENUE TAMPA, FL 33602 TAMPA, FL 33602 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: TIM MARKS 10/14/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HINTZMAN, MORRIS E Name: Name: 2002 N. FLORIDA AVE Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: VC () Delete Title: () Change () Addition VAN PETTEN, MICHAEL Name: Name: Address: 100 N TAMPA ST Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: () Change () Addition HARRELL, C. STAN Name: Name: 3225 S. MACDILL AVE., STE 126-255 Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: CDO () Delete Title: coo (X) Change () Addition Name: MARKS, TIM Name: MARKS, TIM 2002 N. FLORIDA AVE. Address: Address: 2002 N. FLORIDA AVE. TAMPA, FL 33602 City-St-Zip: City-St-Zip: TAMPA, FL 33602 Title: () Delete Title: () Change () Addition CORNETT, THOMAS P Name: Name: 4110 W SANTIAGO ST Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: () Change () Addition SIGNORE, PHIL Name: Name: Address: 2002 NORTH FLORIDA AVENUE Address: TAMPA, FL 33602 City-St-Zip: 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: PHIL SIGNORE CFO 10/14/2008