## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT #751395  1. Entity Name	, ,		יעום עום	FILL SECRETARY ISION OF CO	ED OF STATE PRPORA <b>TIONS</b>	
SUNCOAST UNITY MINISTERS, IN	C.		,	FEB -7		
Principal Place of Business 10870 SW 71ST CIRCLE 0CALA, FL 34476 US	71ST CIRCLE 10870 SW 71ST CIRCLE		02/05/6	L-9600	89-40127	
2, Principal Place of Business - No P.O. Box.# 3. Mailing Address 4/03 4 7HB F60WW 4/03 4 7HB F60WW						
Suite, Apt. #, etc.  Suite, Apt. #, etc.			10222007 REIN	NP (	CR2E099 (1/07)	
ANULAGORY, FL			4. FEI Number 59-6042858		/ <del>       </del>	plied For t Applicable
33860 Country USA	33860	Country	5. Certificate of Statu		\$8.75 Add Fee Require	
HOLT, ART 10870 SW.71ST CIRCLE OCALA, FL 34476	Registered Agent:	Name LEO Street Address	7. Name and Address N. N.O. 6. W. (P.O. Box Number is No.)  THE P.M.	00D	tered Agent	
8. The above named entity submits this statement to the obligations of registered agent  SIGNATURE  SIGNATURE	the purpose of changing its re	City MUL egistered office or register	BERRY		FL Zip Cod. 338. I am familiar with,	60
FILE NOWIII FEE IS \$236.25 After January 1, 2008, Fee will be \$297		Registered Agent signature requi	ired when reinstating)		check payable to Department of Si	
10. OFFICERS AND DI			ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTORS IN	
TITLE TT NAME FATUR, ROBERT STREET ADDRESS CITY-57-ZIP LUTZ, FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUARD 6, W. 34 THG FENU 136 REV, FL	000 00 . 33.860	□ Change □ - 8 618	☐ Addition
ITILE VP TEMPLE, HAYES STREET ADDRESS GITY-S1-ZIP ST. PETERSBURG, FL 33703	□ Detete	NAME BIO	LL DOMOD	3472-	☐ Change	Addition
TITLE ST NAME BENTLEY, ELEANOR PO BOX 5225	☐ Delete	TITLE ST	VRI GIST ZB WOODV ZANTO, FL.		☐ Change	☐ Addition
SALT SPRINGS, FL 32134	Delecte	TITLE P.7 NAME V STREET ADDRESS 24	IRBINIA WI	ALSH BAY BLUC	Change_	Addition_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Dalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EARWATER B	2/8/1	3765-43.	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19	-1840 -1864	Change 18712 120 **122.	□ Addition
12. I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or fustee ample changed, or on an attachment with an address.	th this filing does not qualify for s true and accurate and that my gwered to execute this reporta- with all other like empowered.	signature shall have the s required by Chapter 61	same legal effect as if n 7, Florida Statutes; and	nade under oath; hat my name app	that I am an officer pears in Block 10 or	nformation or director Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR	61.3, 200	7 3	Daytime Phone #	<u>-5378</u>
Corp inadvertantly je	led new corp	instead of A	R. Reinstat	ed witto	ut penalt	g Des