2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 757412

FILED Oct 13, 2009 Secretary of State

Entity Name: RIVERSIDE CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

968 NW 2ND ST. MIAMI, FL 33128

Current Mailing Address: New Mailing Address:

P.O. BOX 2325 MIAMI, FL 331012325

FEI Number: 59-2093182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 BELL, CLEVELAND III
 BELL III, CLEVELAND

 968 NW 2ND ST.
 968 NW 2ND ST.

 MIAMI, FL 33128
 US

 MIAMI, FL 33128
 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: CLEVELAND BELL, III 10/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: NICOLEAU, MICHAEL ESQ Name: BRAUN, SEVERIN

 Address:
 1305 NORTH EAST 104 STREET
 Address:
 595 BILTMORE WAY

 City-St-Zip:
 MIAMI, FL 33138
 City-St-Zip:
 MIAMI, FL 33134

Title: VP () Delete Title: BM (X) Change () Addition

Name: BRAUN, SEVERIN Name: COOK, RICK

 Address:
 595 BILTMORE WAY
 Address:
 2815 SALZEDO STREET

 City-St-Zip:
 MIAMI, FL 33134
 City-St-Zip:
 CORAL GABLES, FL 33134

Title: ST () Delete Title: () Change () Addition Name: GREGORY, MITCH Name:

 Name:
 GREGORY, MITCH
 Name:

 Address:
 248 NORTH EAST 59 STREET
 Address:

Address: 248 NORTH EAST 59 STREET Address:
City-St-Zip: MIAMI, FL 33137 City-St-Zip:

Title: PP () Delete Title: PP (X) Change () Addition Name: HATFIELD, JUDY Name: SILVESTER, LARRY E Address: 3400 ANDERSON RD. Address: 1840 N. COMMERCE PKWY, SUITE 3

Address: 3400 ANDERSON RD. Address: 1840 N. COMMERCE PKWY, SUITE 3
City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: WESTON, FL 33326

Title: () Delete Title: BM () Change (X) Addition

 Name:
 Name:
 BARNETT, JIM

 Address:
 Address:
 LAS OLAS CENTER II

City-St-Zip: 350 EAST LAS OLAS BOULEVARD, FL FT. LAUDE

 Title:
 () Delete
 Title:
 BM () Change (X) Addition

 Name:
 Name:
 MICHAEL, NICOLEAU

 Address:
 Address:
 633 N.E. 167TH. SUITE 806

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162

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: CLEVELAND BELL, III ED 10/13/2009