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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

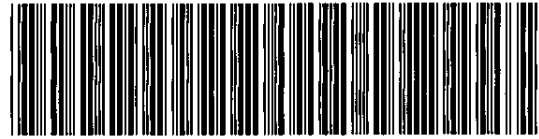
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

08 FEB 11 PM 2:35

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 FEB 11 AM 11:14

FILED

C.S. 2-12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 417136 7627442  
AUTHORIZATION :  
COST LIMIT : \$ 70

*Spuddean*

ORDER DATE : January 25, 2008  
ORDER TIME : 1:38 PM  
ORDER NO. : 417136-005  
CUSTOMER NO: 7627442

FOREIGN FILINGS

NAME: INVERSE MINISTRIES, INC.

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: \_\_\_\_\_

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA

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TALLAHASSEE, FLORIDA

1. INVERSE MINISTRIES, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. California (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. 1/5/2004 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

Upon Filing

6. (Date first conducted affairs in Florida if prior to registration. See sections 617 1501 & 617 1502. F.S. to determine penalty liability)

7. 5333 Plantation Home Way Port Orange, FL 32128 (Principal office address)

1648 Taylor Rd. #607 Port Orange, FL 32128 (Current mailing address)

8. -To reconcile troubled marriages. (non-profit, faith-based) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Penny Bragg

Office Address: 5333 Plantation Home way

Port Orange, Florida 32128 (City) (Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By:  (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Colleen Goncalves

Address: 48819 Chenin Blanc  
Fremont, CA 94539

Vice Chairman: Brian Arvin

Address: 110 Danforth Ct.  
Danville, CA 94526

Director: Scott and Kathy Jones

Address: 2400 Eisenhower Ave  
Valparaiso, IN 46383

Director: Dale Goncalves

Address: 48819 Chenin Blanc  
Fremont, CA 94539

B. OFFICERS

President: Clinton A. Bragg

Address: 5333 Plantation Home Way  
Pont Orange, FL 32128

Vice President: Penny A. Bragg

Address: 5333 Plantation Home Way  
Pont Orange, FL 32128


Secretary: Penny A. Bragg

Address: 5333 Plantation Home Way Port Orange, FL 32128

Treasurer: same as above

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Penny A. Bragg Secretary  
(Typed or printed name and capacity of person signing application)

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **5th day of January, 2004**, **INVERSE MINISTRIES, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of February 6, 2008.



*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State