

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 DEC 26 AM 8:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **f96000001427**

1. Corporation Name
The Kingdom of God Ministries, inc.

Principal Place of Business Mailing Address
210-05 88th Rd 856 W. 5th St
QUEENS VILLAGE N.Y. 11427 RIVIERA BEACH, FL 33404

REINSTATEMENT 9/700

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable ~~856 W. 5th St~~
 Suite, Apt. #, etc.
 City & State ~~Riviera Beach, FL~~
 Zip ~~33404~~ Country ~~USA~~
 3. New Mailing Office Address, If Applicable **856 W. 5th St**
 Suite, Apt. #, etc.
 City & State **Riv. Bch, FL**
 Zip **33404** Country **U.S.A**

4. Date Incorporated or Qualified To Do Business in Florida **3-20-96**
 5. FEI Number **11-2910961** Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
ED	YESHUA LOVE	856 W. 5th ST	Riviera Beach, FL 33404
D	KARRAN CUNNINGHAM	4121 Haden Ave	West Plm Bch, FL 33407
D	Willis Williams	138 E. 22nd Ct	Riviera Beach, FL 33404

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KARRAN CUNNINGHAM
4121 Haden Ave
W. P. Bch, FL 33407

Name **REV. YESHUA LOVE**
 Street Address (P.O. Box Number is Not Acceptable) **856 W. 5th St**
 Suite, Apt. #, Etc.
 City **Riv. Bch** State **FL** Zip Code **33404**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Y/L** REGISTERED AGENT MUST SIGN Date **17 Dec 97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Y/L YESHUA LOVE** 17 Dec 97 (561)863-6115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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