2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

05 JUL 12 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004778

1. Entity Name
THE BALM IN GILEAD, INC.

Principal Place of Business	Mailing Address
600 EDGEHILL PLACE BLDG. 2932 - STE 104 APOPKA, FL 32703	600 EDGEHILL PLACE BLDG. 2932 - STE 104 APOPKA, FL 32703

05162005 REIN-NP CR2E099 (6/04) 04-05

2. Principal Place of Business	3. Mailing Address
927 SHADOW MOSS DR	927 SHADOW MOSS DRIVE
Suite, Apt. #, etc.: PVT	Suite, Apt. #, etc.: PVT
City & State: WINTER GARDEN	City & State: WINTER GARDEN
Zip: 34787 Country: FLORIDA	Zip: 34787 Country: FLORIDA

4. FEI Number: 11-2599860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, V. JEREMIAH
600 EDGEHILL PLACE
BLDG. 2932 - STE 104
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name: V JEREMIAH MORGAN (PRES)

Street Address (P.O. Box Number is Not Acceptable): PVT
927 SHADOW MOSS DRIVE

City: WINTER GARDEN FL Zip Code: 34787

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: V. JEREMIAH MORGAN DATE 7/7/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORGAN, V. JEREMIAH 600 EDGEHILL PLACE APOPKA, FL 32703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. JEREMIAH MORGAN 927 SHADOW MOSS DRIVE WINTER GARDEN FLO, 34787 (P) ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORDECAI, PATRICIA 600 EDGEHILL PLACE APOPKA, FL 32703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Margaret Khor 5965 Crescent Ridge Ct Orlando FL 32810 (SEC) ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FELIZ, ANA 128 INGRAM CIRCLE LONGWOOD, FL 32779	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Feng Gui Qing 927 shadow Moss drive. winter Garden. FL 34787 (TRES) ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TA ROSE, LESLIE P 29 OLD KINGS ROAD NORTH PALM COAST, FL 32137	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EARL E BYERS 1284 WILLSPRING COVE DS. CT APOPKA FL. 32703 (EVP) ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700057345317 07/12/05--01036--001 **297.50 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700057345317 07/12/05--01036--002 **8.75 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: V. JEREMIAH MORGAN (PRES) 7/7/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #