

REINSTATEMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 17 PM 3:14

WR5/31

DOCUMENT # 400000012965

1. Limited Liability Company's Name

GROWING YOUR FAITH, LLC

2. Principal Office Address

1208 Marine Way

Suite, Apt. #, etc.

G9

City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

1208 Marine Way

Suite, Apt. #, etc.

G9

City & State

North Palm Beach, FL

Zip

33408

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

October, 2000

6. FEI Number

65-1051259

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Steve Rogers

600005677246-4

Street Address (P.O. Box Number's Not Acceptable)

1208 Marine Way

Suite, Apt. #, Etc.

G9

City

North Palm Beach

State

FL

Zip Code

33408

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Steve Rogers

REGISTERED AGENT MUST SIGN

Date

9/24/02

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of Managing Members/Managers

Street Address of Each Managing Member/Manager

City / State / Zip

MGR Steve Rogers

1208 Marine Way #G9

North Palm Beach, FL 33408

MGR Adrian Rogers

3983 Loch Meade Dr

Lakeland, TN 38002

REINSTATEMENT

2001

2002

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Steve Rogers

Date

9/24/02

Daytime Phone #

561-627-9513

Typed or printed name of signing Managing Member/Manager

STEVE ROGERS

CR2E041 (9/01)