PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | | | | 08 OCT -3 AM 8: 04 | | |
|--|--------------------------------------|----------------|------------------|--|----------------------|--------------------------|--|--|--------------------|--|
| DOCUMENT # L04000042287 1. Limited Liability Company's Name | | | | | | | | SECRETARY DE STATE TABLAHASGEE, TLORIDA | | |
| Glow Ministries, LLC | | | | | | | | 200136340092 09/25/0801044005 **277,50 cr26041 (12/07) | | |
| . 1 | ss - No P.O. Box # | Office Address | | | Ļ | | | | | |
| 2421 Euston Road Suite, Apt. #, etc. Suite, | | | | ot. #, etc. | | | \dashv | 4. State/Country of Formation Florida/Orange | | |
| Çalış, 7 11 | | | | · | | | | 5. Date Organized or Qualified To Do Business in Florida June 4, 2004 | | |
| City & State City & St | | | | 9 | | | ╁ | 5urie 4, 2004 Applied For | | |
| Winter Pa | ark, FL | Zip Country | | | 4 | 592954440 Not Applicable | | | | |
| 32789 | | Country Orange | Zip Godiniy | | | ı | CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status | | | |
| 8. Name and Address of Current Registered Agent | | | | | | | 1 | | | |
| Name Nila Vae Morris | | | | | | | | A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| 2421 Euston Road 'Suite, Apt. #, Etc. | | | | | | | -1 | | | |
| in the second se | | | | | To Code | | | | | |
| Winter Park | | | | | State Zip Code 32789 | | | | | |
| 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 Date REGISTERED AGENT MUST SIGN | | | | | | | | | | |
| 10. Names and Street Addresses of Managing Members/Managers | | | | | | | | | | |
| Titles | Name of Managing Members/Managers | | | Street Address of Each Managing Member/Manage | | | | ər | City / State / Zip | |
| MGR ! | Nila Vae | Morris | 2421 Euston Road | | | | | Winter Park, FL 32789 | | |
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| | | | | | | | į | ACTAGES: | | |
| · - | | | | | | | | | | |
| 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 Date 9.12.68 Daytime Phone # 321-356-0177 | | | | | | | | | | |
| Typed or printed name of signing Managing Member/Manager Nila Vae Morris | | | | | | | | | | |