

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000042287

1. Limited Liability Company's Name

Glow Ministries, LLC

2. Principal Office Address - No P.O. Box #

2421 Euston Road

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

Orange

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Nila Vae Morris

Street Address (P.O. Box Number is Not Acceptable)

2421 Euston Road

Suite, Apt. #, Etc.

City

Winter Park

State

FL

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

REGISTERED AGENT MUST SIGN

Date 9.17.08

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	Nila Vae Morris	2421 Euston Road	Winter Park, FL 32789

REINSTATEMENT 2007-08

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 9.17.08 Daytime Phone # 321-356-0177

Typed or printed name of signing Managing Member/Manager Nila Vae Morris

FILED

08 OCT -3 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200136340092
09/25/08--01044--005 **277.50

CR2E041 (12/07)