


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JUL 25 PM 1:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Corporation Name <i>Revelational Truth Ministries Inc.</i> <i>N00000001625</i>					
2. Principal Office Address <i>17891 South Dixie</i> Suite, Apt. #, etc. <i>Highway</i>		3. Mailing Office Address <i>P.O. Box 972014</i> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <i>MARCH 14 2000</i>	
City & State <i>Miami FLA.</i>		City & State <i>Miami FL</i>		5. FEI Number <i>65-0989875</i>	
Zip <i>33157</i>		Country <i>U.S.</i>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Country <i>U.S.</i>		Zip <i>33197</i>		<i>SS 75 Additional Fee required for a Certificate of Status</i>	
7. Name and Address of Current Registered Agent					
Name <i>Ralph J. Bromell</i>					
Street Address (P.O. Box Number is Not Acceptable) <i>12450 S.W. 191 Street</i>					
Suite, Apt. #, Etc. <i>MIAMI</i>					
City <i>MIAMI</i>					
				State <i>FL</i>	Zip Code <i>33177</i>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <i>[Signature]</i>				Date <i>7/19/05</i>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	Ralph J. Bromell	12450 S.W. 191 ST.	MIAMI FL 33177		
V	Michael McKinnon	12341 SW 190 ST.	MIAMI FL 33177		
T	ROBIN FRANCIS	21133 S.W. 85 AVE #110	MIAMI FL 33189		
S	Gladys LaFrance	12450 SW 191 St.	Miami FL 33177		
V					
STATEMENT					
10. 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: <i>[Signature]</i>				Date <i>7/19/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>305-378-9087</i>	

CR2001 (01/05)