2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0000001625

FILED Mar 30, 2008 Secretary of State

Entity Name: REVELATIONAL TRUTH MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 17347 HOMESTEAD AVENUE 18639 SW 107 AVE UNIT 15 MIAMI, FL 33157 MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** P.O. BOX 972014 MIAMI, FL 33197 FEI Number: 65-0989875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROMELL, RALPH 12450 SW 191 STREET MIAMI, FL 33177 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. SIGNATURE: RALPH J. BROMELL Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BROMELL, RALPH J Name: Name: Address: 12450 SW 191 ST Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: Title: Title: (X) Change () Addition () Delete MCKINNON, MICHAEL A Name: Name: HARBIN, CLEAVESTER Address: 12341 SW 190 ST Address: 16011 SW 102 AVRNUE City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: () Change () Addition FRANCIS, ROBIN Name: Name: 22210 SW 101 CT. Address: Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: Title: () Delete Title: () Change () Addition LAFRANCE, GLADYS Name: Name: Address: 12450 SW 191 ST Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: RALPH J. BROMELL 03/30/2008